



# Allergy Alert

My name is: \_\_\_\_\_

My classroom is: \_\_\_\_\_

Current Picture

Im allergic to: \_\_\_\_\_  
\_\_\_\_\_

Symptoms to watch for are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐

If Non- Applicable (N/A) please check the box.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date