

# Medical/Allergy Alert!!

2017-2018

Child's Name \_\_\_\_\_

Class/Teacher \_\_\_\_\_

Medical/Allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Procedures:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

- **RETURN THIS FORM ONLY IF YOUR CHILD HAS A MEDICAL CONDITION, ALLERGIES OR DIETARY RESTRICTIONS**
- **PLEASE ATTACH A PICTURE OF YOUR CHILD TO THIS FORM AS WELL AS ANY MEDICATION YOU SEND TO SCHOOL**