

Mt. Olive Preschool ALLERGY ALERT

Child's picture goes here

Child's Name _____

Is allergic to _____

Signs of reaction _____

Actions to be taken if exposed _____

Medications to be administered

Dosage

Parent permission to include child's photo on allergy alert?

yes no Parent initials _____

Parent permission to post allergy alert visibly in classroom?

yes no Parent initials _____

Physician Signature

Date

Parent Signature

Date

Best phone # to reach