

# MEDICAL/ALLERGY ALERT

Does your child have a medical condition or allergy to a food or other Substance that, if exposed, could result in a medical emergency? Please give details below.

If your child does not have a medical condition or allergy, you should also complete this form and write 'NONE'

Please place your child's photo here

Name: \_\_\_\_\_

Condition or Substance	Reaction(s)	Procedure to follow if reaction occur

By signing below, I understand and agree that information regarding my child's allergy/medical condition will be posted in my child's classroom and will be accessible to all staff and classroom volunteers.

\_\_\_\_\_  
Sig nature of Parent/Guardian

\_\_\_\_\_  
Date