

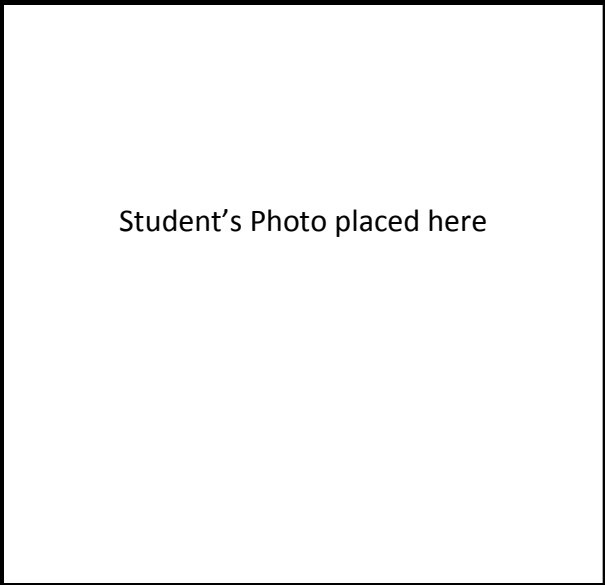


Allergy Alert

Child's Name: _____

Date of Birth: _____

Age: _____



Food Allergies (include symptoms to watch for):

Food Preferences (include if parent provides substitution):

Medicine and/or Contact Allergies (include symptoms to watch for):

Special Instructions for Allergic Reactions or Medical Illness:
