

Allergy Awareness

Child Name: _____

Parent Name: _____

1. ____ My child is allergic to the following items/medications/foods:

2. ____ My child has no known allergies.

Food Restrictions

3. ____ My child is restricted from eating the following items:

4. ____ My child is not restricted from any food items.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

