



Dear Parents/Guardian,

Please complete the following form describing what procedure to follow when responding to an allergic reaction for your child. Use concise, clear directions, and point form whenever possible.

Thank you.

Student's Name: _____
FIRST NAME LAST NAME

Allergy/Allergies: _____

Signs/Symptoms: _____

PROTOCOL:

STEP 1: _____

STEP 2: _____

STEP 3: _____

STEP 4: _____

DATE

PARENT/GUARDIAN SIGNATURE

For severe allergies that are life-threatening please provide your child's:

DOCTOR'S NAME

DOCTOR PHONE NUMBER

HEALTH CARE CARD #

HEALTH CARE CARD PROVIDER'S SIGNATURE