



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**