

# Allergy Information

My child \_\_\_\_\_

DOES NOT have any allergies that require an Epi-Pen \_\_\_\_\_

DOES have allergies that require an Epi-Pen \_\_\_\_\_

If your child does not have allergies that require an Epi-Pen, please just sign the bottom and return with the rest of the paperwork. If your child does have allergies that require an Epi-Pen, please fill out the Food Allergy Action Plan and have it signed by your doctor. You will need to provide us with all medications (Epi-Pen, Antihistamine).

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_