

ALLERGY ALERT FORM

IF YOUR CHILD HAS A SERIOUS OR LIFE-THREATENING ALLERGY (please note any or all seasonal, foods, and/or medication allergies), we will want to talk with you to be sure we are prepared to handle an emergency. Please give us the information requested below.

Student name: _____

Parent name: _____

Phone: _____ Email: _____

Please tell us the type of allergy your child has (Is it food? Seasonal and/or environmental? Medications to be avoided?) and anything we would need to know to respond properly to an allergic reaction.**

**If your child's allergy requires response with an EpiPen, please provide New Hope with an EpiPen labeled with your child's name.