

## Allergy Alert Form

Student's Name \_\_\_\_\_

My child does not have allergies.

My child is allergic to:

---

---

---

---

Please be aware of the following symptoms:

---

---

---

My child has been prescribed an Epi Pen/Twinject and I will supply it and all necessary related medications (i.e Benadryl) **ON THE FIRST DAY OF SCHOOL.** The “Pen” and medications will be new and unopened. I will also provide one extra set of medications for the “Shelter-In-Place Emergency” box at Crestview. I will return the enclosed *Allergy Action Plan* and *Medical Administration Authorization* form by **THE FIRST DAY OF SCHOOL.** I understand these medications will only be accepted in accordance with the above.

My child has the following physical restrictions:

---

---

---

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date