

# ALLERGIES

Child's Name: \_\_\_\_\_

- My child does not have any known allergies.
- My child has allergies. I give permission for these allergies to be posted in my child's classroom.
- My child has allergies. I do not give permission for these allergies to be posted in my child's classroom.

Parent/Guardian Signature: \_\_\_\_\_

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

## ALLERGY LIST:

Child's Name: \_\_\_\_\_

Classroom: \_\_\_\_\_

List of Allergies:

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Reaction to exposure of these allergens:

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