

Allergies (Food and other) for (Child's Name) _____ **Date** _____

May Cause Death, need EPI Pin and we will call 911	Will cause less severe reactions List symptoms	Foods OK, suggestions for snacks You will need to provide

Notes: What to do.... _____

You will provide the following: (special foods, special medical items to use) _____

Parent Signature and printed name: _____ Date: _____

Staff Signature and printed name: _____ Date: _____