



Allergy Alert!

Passport sized
photograph
of child

For Display on Classroom & Nurse's Information Board

Full Name of Child Below (WRITE IN BLOCK CAPITAL LETTERS)

I am ALLERGIC to: _____

Reactions include: _____

Please use my (SUPPLIED) medication / or, my EPIPEN in the event of a reaction

Name of (supplied) Medication & how to administer:

Emergency contact number in case of an emergency: _____