Allergy Notification Form

Child's Name:	
Parent's Name:	_
Cell Phone:	
Home Phone:	
My child is allergic to the following:	
Severity: (circle one) MILD MODERATE SEVERE	
Does your child have an epipen? YES or NO	
Alleray Notification Form	
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Child's Name:	
Child's Name:Parent's Name:	<u> </u>
Child's Name:	
Child's Name:Parent's Name:	_ - - -
Child's Name: Parent's Name: Cell Phone:	

YES or NO

Does your child have an epipen?