

ALLERGY INFORMATION FORM

Child's Name: _____

Allergic to: _____

Symptoms of reaction: _____

Steps to be taken in the event of a reaction: _____

Signature of Physician: _____ Print Name of Physician: _____

Date: _____

Physician Address:

Parent Signature: _____

Date: _____

It is the parent's responsibility to keep the office informed of any changes to this information.

If a change should occur, the parent must complete and sign a new Allergy Information Form.