



**Allergy Information  
06/2010 through 06/2011**

St. John's Episcopal Preschool

NAME OF CHILD: \_\_\_\_\_

DATE: \_\_\_\_\_

TO YOUR KNOWLEDGE, IS YOUR CHILD ALLERGIC TO ANYTHING?

\_\_\_\_\_  
\_\_\_\_\_

ADVICE ON HANDLING ALLERGY OR ALLERGIC REACTION:

\_\_\_\_\_  
\_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN

SIGNATURE: \_\_\_\_\_