



ST. JOHN'S  
EPISCOPAL  
PRESCHOOL

# Allergy Notification

06/09 thru 06/10

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: \_\_\_\_\_