



# 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)

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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:**

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Emergency contact number in case of an emergency: \_\_\_\_\_