

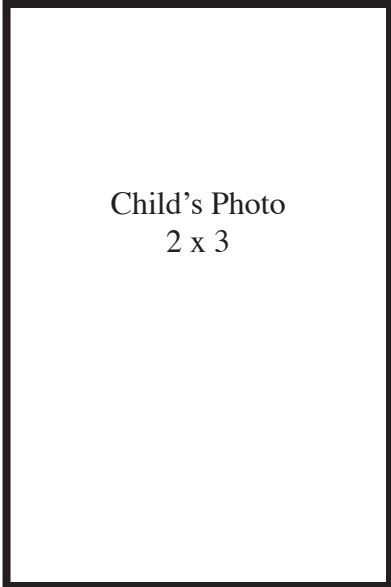


Allergy / Restrictions Card

Child's Name: _____

Allergy/Restrictions: _____

If allergy occurs take the following steps: _____



Allergies:

- Yes my child has an allergy to _____
- Yes a note from my regular physician is Attached _____

Anaphylaxis:

- Yes my child has anaphylaxis to _____
- Yes a copy of the positive test result or physician note confirming the child has had a test with a positive test is attached

Restrictions

- Yes my child has a food or other restriction to _____
- Yes a physician's note is attached confirming this item needs to be restricted and the reason

(OR)

My child _____ (Child's name) had a previously documented allergy/anaphylaxis/food restriction or restriction to _____ that is no longer a concern, and currently does not have to be on any allergy or restriction list.

Parent Signature _____