



Allergy Alert

Child's Name: _____ Child's Classroom: _____

Please check and sign **one** of the following statements:

My child has an allergy or sensitivity to the following:

The above indicated allergens/sensitivities need to be managed in my child's environment. I agree to complete and submit the *Allergy Action Plan* for my child, provided to me by NFCNS. I further agree to provide the medications necessary to manage my child's allergy/sensitivity at school, and to complete the forms authorizing NFCNS staff to administer such medications should they be indicated.

(parent/guardian name)

(signature)

(date)

To my knowledge, my child has no allergies or medical conditions that need to be managed at NFCNS.

(parent/guardian name)

(signature)

(date)