

ALLERGY FORM

Child's Name _____

1. Please list **ANY** allergies your child may have:

a. _____

b. _____

Is your child allergic to ant bites, mosquito, wasp or bee stings? _____

Does your child have an EpiPen? _____

If yes, please bring a letter from your Doctor with EpiPen instructions.

Parents Signature _____

Date _____