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____