

Allergies

Hayfield SACC Program

Child Name _____ Age _____ Grade _____

Doctor Name _____ Phone Number _____

My Child Is Allergic to _____

Allergy Triggers _____

Avoidance Techniques _____

Symptoms to Watch Out For _____

Procedures for Responding _____

Medications _____ Dosage _____

*All of the above information will be on site at all times including in the classroom, during lunch, at the park, and on all field trips.

*Please note that all staff are informed of all allergies and the steps to take in an allergic reaction occurs.

Parent Name _____ Date _____

Signature _____