



Insert Photo

Allergy Alert
 This form must be updated annually!

Child's Name: _____ Date of Birth _____

Please list any allergies related to the following categories. Describe the allergic reaction/symptoms.

Type of Allergy	Allergic To:	Allergic Reaction / Symptoms to look for:
<i>Example</i>	<i>Strawberries</i>	<i>Breaks out in Hives</i>
Food		
Medicine		
Insect		
Vegetarian <small>(please circle restrictions)</small>	My child does not eat: Pork, Beef, Chicken, Fish, All meat Dairy (including milk and cheese), Eggs	Religious reason Personal Preference Allergy

Rising Star Academy does not administer medication unless it is for life saving measures such as the use of Epi-pens, Inhalers, and nebulizers. If any of these are needed an action plan signed by his/her Physician will be required.

ATTENTION: Any allergy listed above must be accompanied with an emergency care plan filled out by your child's health care provider.

Parent/Guardian Signature _____ Date: _____