

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:          | Allergic To:                                    | Allergic Reaction / Symptoms to look for:                                                                |
|----------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <i>Example</i> | <i>Strawberries</i>                             | <i>Breaks out in Hives</i>                                                                               |
| FOOD           |                                                 |                                                                                                          |
| MEDICINE       |                                                 |                                                                                                          |
| INSECT BITE    |                                                 |                                                                                                          |
|                | FOOD PREFERENCES:<br>(not a documented allergy) | My child does not eat: (please circle)<br>Pork - Beef - Chicken - Fish - Any Meat Product - Eggs - Dairy |

Rising Star Academy does not administer medication unless it is for life saving measures such as the use of Epi-pens, Inhalers, and nebulizers, or under strict physician's prescription. If any of these are needed, an action plan signed by his/her Physician will be required. FOOD PREFERENCES ARE NOT MEDICAL ALLERGIES.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_