



**Please return to the
ECC Office**

Allergy Alert 2019 – 2020

Child's Name: _____

Please check the appropriate box:

- No, my child has no allergies.
- YES, my child has allergies:**
- _____ Food
 - _____ Seasonal
 - _____ Medication
 - _____ Other

If you answered “YES,”
paste a recent picture
in this space

If YES, please list allergies: _____

If YES, you must include an “Allergy Protocol” signed by the physician’s office. See attached copy.

Parent's Name: _____

1st Response Number: _____

2nd Response Number: _____

Signature: _____ Date _____

**This form must be signed and returned to our office on or before the first day of school, *regardless* of whether or not your child has any allergies.