



**Please return to the  
ECC Office**

## Allergy Alert 2018 – 2019

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.