



Please return to the
ECC Office

Allergy Alert 2026-2027

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.

Caregiver'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.**