

# ALLERGY LISTING

Please check the appropriate box below and list any allergies that your child has at this time. We also request that you provide documentation from your physician or the health department concerning the allergy. Thank you.

My child has **no** known allergies.

My child is allergic to the following foods:

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My child is allergic to the following medications:

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My child is allergic to the following environmental issues:

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I will update this file with any necessary changes.

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Parent Signature

Date