

“A Child’s Touch...”

9141 Poze Blvd.
Thornton, Colorado 80229
Office 303-286-8460 Fax 303-289-8621

Allergy Update Form

My Child _____

Is allergic to / is not allergic to (circle one) to following items:

My Child **needs / does not need** (circle one) an Epi-pen for the following:

Parent Signature _____

Date _____

Office - allergy alert created for classroom: _____

“A Child’s Touch...”

9141 Poze Blvd.
Thornton, Colorado 80229
Office 303-286-8460 Fax 303-289-8621

Allergy Update Form

My Child _____

Is allergic to / is not allergic to (circle one) to following items:

My Child **needs / does not need** (circle one) an Epi-pen for the following:

Parent Signature _____

Date _____

Office - allergy alert created for classroom: _____