

# “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 / is NOT ALLERGIC** (circle one) to the following items:

\_\_\_\_\_  
\_\_\_\_\_

**Parents WILL / WILL NOT** (circle one) provide a substitute.

*\*\*\*Please put your child’s name, classroom, and date on the substitute you provide.*

My Child **NEEDS / DOES NOT NEED** (circle one) an Epi-pen for the following:

\_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

### Office Use

Date Received \_\_\_\_\_ Initials \_\_\_\_\_

Alert Created \_\_\_\_\_ Initials \_\_\_\_\_

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