



Grade: _____

Allergy Information Record

Child's name: _____ Date form completed: _____

Allergies: _____

Parent's name: _____

Home phone: _____ Cell phone: _____



So that we can best care for your child while in KK, please indicate some "safe" snacks he/she is able to have.

Although we are diligent with monitoring allergy information, it is also important for us to understand the steps you desire us to take in the event of an allergic reaction.

Step 1: _____

Step 2: _____

Step 3: _____

Please provide any additional information that will assist us in caring for your child:
