



# ACADEMY OF GREATNESS & EXCELLENCE

*Where Prosperous Futures Begin*

## ALLERGY ALERT

Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Allergic to:

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Allergic reaction that occurs when student is exposed to allergen:

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Medication ordered if student has allergic reaction:  NO  YES

If yes, Medication (as ordered by the child's Physician):

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Notify school nurse immediately for evaluation Main office to contact parent/guardian

immediately @ \_\_\_\_\_

Contact Physician @ \_\_\_\_\_