

# Georgetown Hill Early School Allergy Form

If your child has allergies of any kind, please complete this form so we can generate a list for all teachers at Georgetown Hill. If you become aware of new allergies, please be sure to update this form right away. If medication is needed (such as an epipen or Benedryl), we need a medication order form submitted as well.

**Child's Name** \_\_\_\_\_

**Child's Birthday** \_\_\_\_\_

**Type of Allergy** \_\_\_\_\_  
\_\_\_\_\_

**Symptoms/Reactions**  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency medical instructions/actions to take:**  
\_\_\_\_\_  
\_\_\_\_\_

**To prevent incidents:**  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Today's Date