

# ALLERGY / MEDICAL ALERT

**Allergies** yes\_\_\_\_ no\_\_\_\_

STUDENT'S NAME:

Last\_\_\_\_\_ First\_\_\_\_\_ Middle\_\_\_\_\_

ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_ ZIP\_\_\_\_\_

HOME PHONE\_\_\_\_\_

CELL PHONE # \_\_\_\_\_

EMERGENCY # \_\_\_\_\_

ALLERGIES

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MEDICATION

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