



The Burlington Academy of Learning

Where Children and Families Are Celebrated!

ALLERGY ALERT FORM

Parents, please fill out this form ONLY if your child has serious allergic reactions that may require immediate and/or emergency treatment.

Child's Name: _____ Date Completed: ____/____/____

Allergic to: _____

Symptoms of Reaction: _____

Care Instructions: _____

Medications Needed: _____

Office Notes: _____
