

# Allergy Alert and Disclaimer

## Section 1

### ALLERGIES / MEDICAL PROBLEMS

Please initial the appropriate box:

I am not allergic to anything, nor do I have any medical problems that I know of. (You may skip to **Section 2: Medication**)

I am allergic to medication or otherwise and/or have a medical problem:  
(Please complete the following three questions)

1.1 I am allergic to the following medication(s):

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1.2 Besides medication, I am allergic to the following (i.e. bee stings):

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1.3 I have the following medical problem(s):

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## Section 2

### MEDICATION

2.1 I am taking the following medication(s):

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## Section 3

### SIGNATURES

STUDENT NAME PRINTED: \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

The above information is correct.

PARENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_