



Federated Church

Allergy Alert Form

Return to Children's Ministries Team

Student Name _____

Parent (s) Name _____

Cell numbers where you can be reached during service:

Where you routinely sit during service: _____

Please indicate below what allergies your child has tested positive for:

<input type="checkbox"/>	Peanut	<input type="checkbox"/>	Tree nut	<input type="checkbox"/>	Egg	<input type="checkbox"/>	Insects
<input type="checkbox"/>	Dairy	<input type="checkbox"/>	Wheat	<input type="checkbox"/>	Fish/Shellfish		
<input type="checkbox"/>	Other (s) _____						

What type of reaction (s) does your child exhibit:

Parent/Guardian Signature

Date

The signed parent/guardian acknowledges that in case of allergen exposure or presentation of symptoms, a representative from Children's Ministries will locate them in Worship so that preferred type of treatment can be administered to child. If the child's condition appears life threatening, 911 will be called from the classroom.