



UPK ALLERGY FORM

Child's Name: _____

My child does not have any known allergies _____

My Child has _____/has not _____ been stung by a bee.

If so, what was the reaction? _____

My child has the following allergies:

Please indicate any allergies your child may have, what the reaction would be, and if an allergic reaction does occur, how should the UPK staff respond?

Parent/Guardian Signature: _____

Date: _____