

# HEALTH INFORMATION ALERT

This is for non-EPI PEN health concerns.

*To Be Completed by Parents*

Attach most recent photo (head shot) below. This photo helps staff to identify your child.

<b>Your Child's Name</b> (first/last & nickname)	
<b>Birth date and Current Age:</b>	
<b>Classroom Teacher:</b>	

<b>HEALTH ALERT:</b> <i>Describe</i>	
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<b>Foods/Situations to avoid</b>	
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<b>Symptoms to Monitor if exposed</b>	
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## EMERGENCY CONTACT INFORMATION

Family Member	Provide All Numbers (Cell, Work, Home)
Parent 1 <b>Name:</b>	
Parent 2 <b>Name:</b>	
Other Family Member: <b>Name:</b>	

***PROTOCOL if child has health struggles:***

**Describe below.**

***ATTACH ADDITIONAL EMERGENCY PROTOCOL THAT  
IS SPECIFIC TO YOUR CHILD'S HEALTH CONDITION.***

