

Allergy Information Sheet



Please complete ALL of the following fields before returning this form to Cannon Kids.

Child's Full Name: _____

Child's Date of Birth: _____

Description of the allergy: _____

Specific triggers for your child: _____

Avoidance techniques: _____

Specific Symptoms seen when exposed: _____

Procedures for responding to exposure: _____

If treatments require medication, complete a medication authorization form

Medication: _____

Dosage: _____

Doctors contact information: _____

Parent/Guardian name: (printed) _____

Parent/Guardian name: (signature) _____

Date: _____