

Covenant Christian Preschool and Kindergarten Allergy/Asthma Information

School Year _____ Childs Teacher _____ Class _____

Child's Name: _____

Parent(s) Name: _____

Medical Concern: _____

Special Instructions: _____

Medication to be kept at school: _____

Pediatrician's Name/Number: _____

Parents Signature

Teacher Signature

Date _____

Local Emergency Contact if parents are not available: _____

*****IF YOU HAVE AN ALLERGY/ASTHMA ACTION PLAN FROM YOUR DOCTOR PLEASE ATTACH*****