



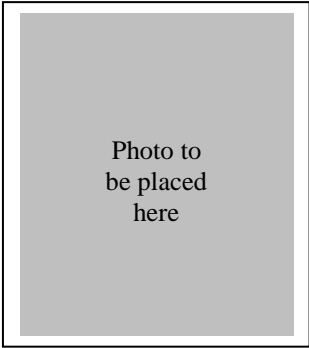
CCMS Allergy Information Sheet

Name of Student: _____

Home Phone #: _____ Emergency #: _____

Physician's Name: _____

Physician's Phone #: _____ Health Card #: _____



Allergies:

If allergies are more extensive, please make separate list.

Indications of Onset of Allergic Reaction

Actions to be Taken at Onset of Reaction

Actions to be Taken if Reaction Considered Serious by Staff

Individuals to be contacted in the event of a serious allergic reaction or medical problem:

Name:	Phone:	Cell:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

The faculty of CCMS is granted permission to call an ambulance and take said child to a local or specialty hospital if the situation is considered serious.

Parent Signature: _____

Date: _____