

Allergy Alert/Medical Release Form

Snack	Rec	Classroom
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(for office use only)		

Child's Name: _____

Class: _____

Parents' Name: _____

Contact Phone: _____

Allergy/Medical Concern: _____

Does your child take any medications? If so, please indicate here:

Does our VBS staff need to administer medication? _____

Does your child require an EpiPen? If so, please provide one non-expired EpiPen in a Ziploc bag for your child. The bag should be labeled with their full name. Please also provide a Physician's action plan, inclusive of permission/non-permission to administer Benadryl.

VBS Staff of First Baptist Church, Blue Ridge has my permission to administer above medication to my child as needed.

Parent/Guardian Signature _____ Date _____