



BEN SAMUELS

CHILDREN'S CENTER

MONTCLAIR STATE UNIVERSITY

Allergy/Asthma/RAD Alert Form

If your child has an allergy, please complete this form and return it to Theresa Andrade in Office 1.

Child's Name: _____ D.O.B: _____

Parent/Guardian(s) Name: _____

Daytime Phone: _____ Evening Phone: _____

Please list child's allergies:

Does your child have an Epi Pen? ____ Yes ____ No
(If so, there are additional forms that must be completed.)

Does your child have Asthma or RAD? ____ Yes ____ No
(If so, there are additional forms that must be completed.)

Does your child have a nebulizer or inhaler? ____ Yes ____ No

I give permission for my child's allergy information and picture to be posted in the classroom. ____ Yes ____ No

Parent Signature: _____ Date: _____

The nurse will contact you to review all Allergy Management Procedures.