



Strengthening  
Lives, Families,  
Communities

Intermediate School  
And  
High School  
831 Eagle Avenue  
Bronx, NY 10456  
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## ALLERGY ALERT

\_\_\_\_\_  
Child's Name

Please indicate below any food, medication and / or other allergies that your has:

My child is allergic to the following foods:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child is allergic to the following medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

*Educating children in time to make a difference.*

A Member of the Lutheran Social Services of New York family of services.