

Known Food/ Non-Food Allergy List

Group/Troop #: _____ Arrival Date/Time: _____

Person in charge: _____ Best Contact # _____

Signature _____ Date: _____

First & Last Name Age	Parent/Guardian Contact Number	Known Allergies (What are they allergic to?)	Dietary Restrictions/ Requests	Any/All Medications (Including OTC) Procedures
(EXAMPLES) Jimmy John 10	Sally John (Mom) Phone: (805) 123 4567	Walnuts, tree nuts, Milk, Dogs, Cats, Pollen	Vegan, Vegetarian, Gluten Free	Bee Stings/ tree nuts: (Epi-pen) Cats: itchy eyes (anti-histamine) Asthma (inhaler)

Please INITIAL :

IF there are NO allergies:

I, _____, confirm there are no known food or non-food allergies in our group. _____

IF there ARE known allergies:

I, _____, will be in charge of handling any/all medications when necessary. _____