



**Stepping Stones Preparatory Academy**  
11900 Crane Brook Drive  
The Woodlands, TX 77382  
281-292-8783

# **ALLERGY NOTIFICATION FORM**

**Child's Full Name:** \_\_\_\_\_

**What allergies does your child have: (if none, please write none)**

\_\_\_\_\_

**What is the reaction?**

\_\_\_\_\_

**Do we have your permission to post your child's allergies in each room where your child spends time? Yes / No**

**What emergency plan would you like us to have in place for your child?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**Please attach a  
photo here if  
there are allergies**

\_\_\_\_\_  
**Health Care Professional's Signature**  
(Needed only if an Emergency Plan is in Place)

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**Date**