



Marlboro Montessori Academy

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ALLERGY ACTION PLAN FOR:

CHILD'S NAME: _____

NO ALLERGIES: OR

ALLERGIC TO: _____

SYMPTOMS: _____

PARENT'S NAME: _____

PARENT'S EMERGENCY #: _____

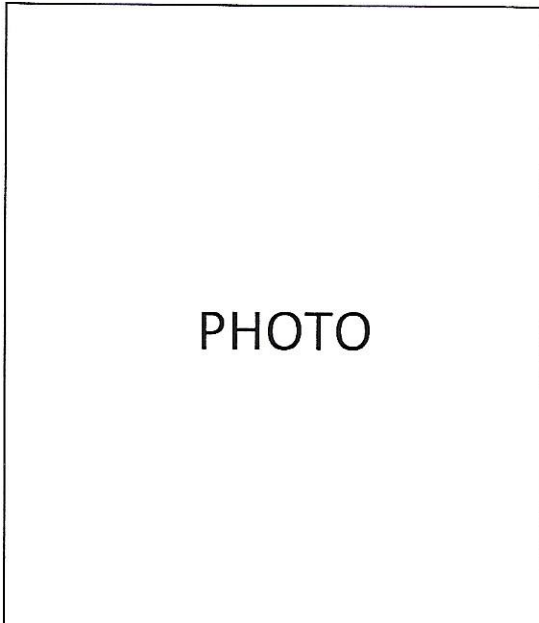
PARENT'S NAME: _____

PARENT'S EMERGENCY #: _____

DOCTOR'S NAME: _____

DOCTOR'S #: _____

DOCTOR'S SIGNATURE: _____



PHOTO

PROCEDURE FOR TREATMENT:

1. _____

2. _____

3. _____

4. _____