2415 Silas Creek Parkway, Winston-Salem, NC 27103 (336) 725-1651 • Fax (336) 725-1603 • www.stjohnws.org



Known Allergies

Childs Name:		Date of Birth:	
My child has no	known allergies.		
My child has the	following known allers	gies.	
Known Allergy	Child's Reaction	Treatment	
		1	
If I become aware of a director immediately.	ny known allergies I w	ill alert the program	
Parent Signature		Date	