Newton British Academy Al Dafna
Doha City, State of Qatar

ALLERGY REACTION FORM

CHILD's Name : _____ Age : _____

Year/ Class _____ Gender : ☐ Male ☐ Female

Emergency Contact Numbers:

Father : _____

Mother : _____

Specify Allergy : *Please state*

Medicine : _____

Food : _____

Others : _____

Symptoms that an allergic reaction is occurring in your child : _____

_____

_____

_____

_____

Any medicine to be taken in case of allergic reaction occurring: _____

Dosage : _____

Route : _____

Possible Side Effects : _____

Special Handling/ Storage instructions:

_____

_____

_____ _____

Parent's signature Date