

# Sensitivity Notice (Not an Anaphylactic Allergy)

Child Name: \_\_\_\_\_

My child has a sensitivity to \_\_\_\_\_, If he/she comes in contact with

this sensitivity please \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

No allergy action plan is needed from the doctor.

Sincerely,

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Relation to child