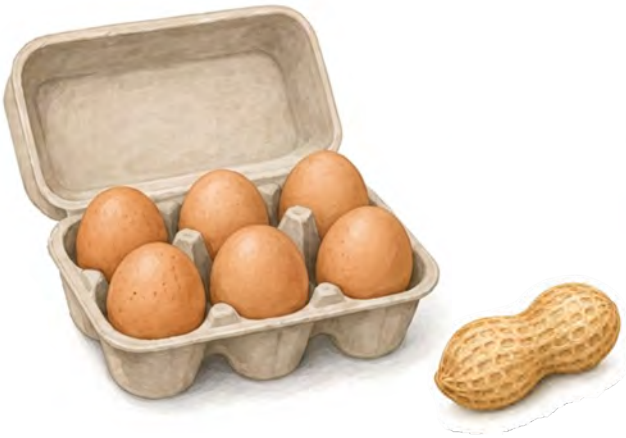
# Allergy Alert Chart








## Look what Mission Friends are doing!

### Today Mission Friends will

____Taste ____Touch ____Smell

_____

_____

_____

_____



If your child is allergic to any of these items, please sign his/her name below.

| Name | Allergic to |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Print this chart and laminate it for use each session. Use a washable marker or dry erase marker to fill in the chart.