

<h2 style="text-align: center;">Allergy Alert</h2> <p style="text-align: center;">I HAVE A SEVERE ALLERGY</p>					<h2 style="text-align: center;">In Case Of Emergency</h2> <p style="text-align: center;">WHEN I COME IN CONTACT WITH MY ALLERGY I DEVELOP</p>				
MY NAME IS: _____									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Peanuts	Milk	Eggs	Shellfish	Seafood					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Tree Nuts	Latex	Wheat	Soy	Bees					
<input type="text"/>									
Others					<p style="text-align: center;">IN CASE OF AN EMERGENCY PLEASE CONTACT</p> NAME: _____ CONTACT #: _____ NAME: _____ CONTACT #: _____				

<h2 style="text-align: center;">Allergy Alert</h2> <p style="text-align: center;">_____ HAVE A SEVERE ALLERGY</p>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peanuts	Eggs	Seafood			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tree Nuts	Wheat	Bees			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk	Shellfish	Soy			
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latex	Others				
<h3>In Case Of Emergency</h3> <p style="text-align: center;">WHEN I COME IN CONTACT WITH MY ALLERGY I DEVELOP</p>					
<input type="text"/>					
<p style="text-align: center;">IN CASE OF AN EMERGENCY PLEASE CONTACT</p> NAME: _____ CONTACT #: _____ NAME: _____ CONTACT #: _____					

<h2 style="text-align: center;">Allergy Alert</h2> <p style="text-align: center;">_____ HAVE A SEVERE ALLERGY</p>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peanuts	Eggs	Seafood			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tree Nuts	Wheat	Bees			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk	Shellfish	Soy			
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latex	Others				
<h3>In Case Of Emergency</h3> <p style="text-align: center;">WHEN I COME IN CONTACT WITH MY ALLERGY I DEVELOP</p>					
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<p style="text-align: center;">IN CASE OF AN EMERGENCY PLEASE CONTACT</p> NAME: _____ CONTACT #: _____ NAME: _____ CONTACT #: _____					