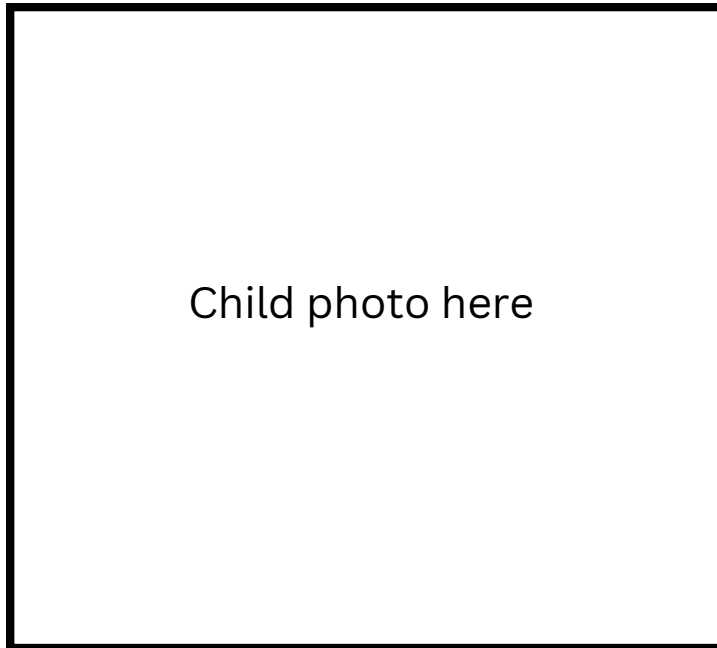


# Allergy.



**Name :** \_\_\_\_\_

**Allergies :** \_\_\_\_\_

**Never give :**

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**If ever an allergic reaction occurs you must follow these steps:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_