

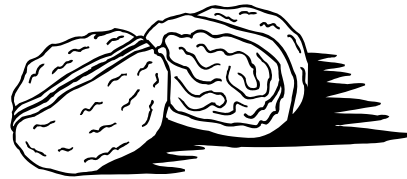
# I am allergic to:

*\*Color the foods that you are allergic to*

Peanuts



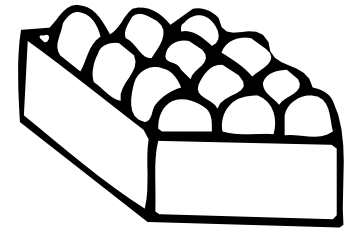
Tree Nuts



Milk



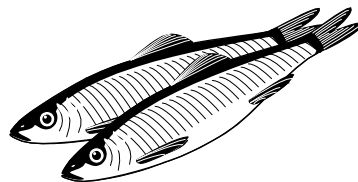
Eggs



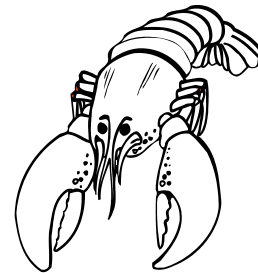
Wheat



Fish



Shellfish



Soy

