

ALLERGY INFORMATION

Name of Child: _____

Does your child have a life-threatening allergy? _____

Does your child have a prescription for an Epi-pen? _____

Are there any other medications, besides an epi-pen, your child must have at school for the treatment or control of allergies? Please specify.

The following is information we must have to help us to provide the safest environment possible for your child. This form will help us to determine what snacks should be served, what cleaning products we will use and whether or not a classroom can have a particular type of pet. Please be as detailed as possible. Please feel free to attach any additional information that would be helpful to us.

This is a 2 page form. Please fill in both pages and sign the second page. Thank you.

Please list any foods which the child may not eat due to allergies:

Ingredients that the child may not eat due to allergies. Please be specific about any names under which this ingredient might be listed, e.g. sorbitol, maltodextrin, xanthan gum are all corn products so someone with a corn allergy would have to avoid these ingredients, too.

Foods or ingredients that the child may have in limited quantities (please specify) or on limited occasions (please specify) due to a mild allergy.

Please list any environmental allergies your child has. These can include but are not limited to animal dander, insect stings, flowers, trees, chemicals, scents.

Does your child have any contact allergies? These can include but are not limited to poison ivy, poison oak, latex, nickel, lanolin.

If your child has an allergic reaction please tell us what symptoms we should look for.

If your child has an allergic reaction what steps should the school take to counteract this reaction?

Name of parent or guardian who has completed this form (please print clearly):

Signature

Date