Allergy Information

Child's name: _____ DOB: _____

Child's current weight: _____

Physician name: _____ & Phone # _____

Known food, insect, medication, or seasonal allergies:

1.) _____

- ☐ Mild (My child should avoid)
- ☐ Moderate (No child in class should bring to school)
  - ☐ Every day
  - ☐ Day's child attends
- ☐ Severe (Risk of Anaphylactic reaction)

2.) _____

- ☐ Mild (My child should avoid)
- ☐ Moderate (No child in class should bring to school)
  - ☐ Every day
  - ☐ Day's child attends
- ☐ Severe (Risk of Anaphylactic reaction)

3.) _____

- ☐ Mild (My child should avoid)
- ☐ Moderate (No child in class should bring to school)
  - ☐ Every day
  - ☐ Day's child attends
- ☐ Severe (Risk of Anaphylactic reaction)

4.) _____

- ☐ Mild (My child should avoid)
- ☐ Moderate (No child in class should bring to school)
  - ☐ Every day
  - ☐ Day's child attends
- ☐ Severe (Risk of Anaphylactic reaction)

*__Does your child have an Epi-pen?__ ☐ Yes ☐ No

__**Please attach supporting documentation from your physician and a completed Allergy and Anaphylaxis Emergency Plan for any allergies that require an Epi-pen.__

Parent(s) signature _____ Date _____

Please tell us any additional information we should know about your child's allergies:

_____

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