

# Allergy Form for \_\_\_\_\_ (Child's Name)

Please use this form to explain any allergies your child may have. We take allergies very seriously and need communication and partnership with parents to keep our students healthy. If your child has food allergies, please give as many details as possible. <For example, dairy allergy — please list all dairy items to be avoided and provide other information, such as, dairy baked in items, ranch dressing, eggs, etc.>

Please check those that apply:

\_\_\_\_\_ My child has NO allergies

\_\_\_\_\_ Yes, my child has allergies

\_\_\_\_\_ Yes, my child's allergies are LIFE THREATENING

If yes, please fill out the rest of this form.

Please explain your child's allergies with detail:

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Symptoms to watch for:

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Steps to take in case of reaction:

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Parents Signature \_\_\_\_\_ Date \_\_\_\_\_