



STUDENT ALLERGY INFORMATION FORM

Parent Permission Form

Date _____

Student _____ Grade _____ DOB _____

List allergens to which your student is allergic: (ie. bee stings, latex, foods, over-the-counter medications, etc.)

How long has the allergy been evident?

What symptoms occurred with a reaction to the allergen(s)?

How was the reaction treated?

How responsible is your student in avoiding the allergen?

Have you reviewed the allergy(ies) with your child's teacher?

Please check those areas in which you have educated your child re: his/her allergy:

- Avoiding exposure to the allergen.
- Symptoms of allergic reaction.
- How and when to tell an adult he/she may be having an allergy related problem, or exposure to an allergen.

Please have your child's physician provide written medical documentation about your child's allergy, specific instructions for treatment, and a signed Administration of Prescription Medications form if medication may be necessary.