



STUDENT ALLERGY INFORMATION FORM

Student Name _____ Date _____

Grade _____ Date of Birth _____

List the 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:

- 1) Avoiding exposure to the allergen.
- 2) Symptoms of allergic reaction.
- 3) 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 Physician's Medication Administration Statement.

Please read and complete the attached Epipen form (if your child has an Epipen for possible anaphylactic reaction.)

Please contact your student's teacher with any questions or concerns.

Physicians Name _____ Phone _____

Parents' Name _____ Phone _____

Emergency Contact Name _____ Phone _____

Thank you for help in providing the best care possible for your child.