

CONCORD CHRISTIAN ACADEMY
37 Regional Drive ∩ Concord, NH 03301
#228-8888

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 if medication may be necessary.

If your child has an EpiPen for possible anaphylactic reaction you MUST:

- Fill out the EpiPen permission form
- Complete the Prescription medication administration form.
- Provide the epiPen in the original pharmacy container,
- Replace the epiPen when expired and/or has been used.

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

Primary Care Provider: _____ Phone: _____

Allergist/EpiPen Prescribing Provider: _____

Location: _____ Phone: _____

Parent completing this form: _____

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

