

Allergy Information Sheet
To Be Filled Out By Parent/Guardian
(Copies to school nurse and homeroom teacher)

Student's Name _____ Class _____

Homeroom Teachers Name _____

Allergy History:

Allergen: _____ Past reactions due to (circle all that apply):

_____ Ingestion / touching / airborne

_____ Ingestion / touching / airborne

_____ Ingestion / touching / airborne

_____ Ingestion / touching / airborne

***additional allergens can be written on reverse side

General Information:

Is your child aware of the symptoms of an allergic reaction? _____ Yes _____ No

Is your child aware of the dangers if an allergen is ingested? _____ Yes _____ No

Does your child know that they are not allowed to eat any food item/s unless it is approved by you, their parent/guardian? _____ Yes _____ No

Does your child know they need to seek the help of a teacher or school nurse if they do not feel well or feel "funny" after eating food? _____ Yes _____ No

Is there any further information you feel would be helpful for us to know about your child in regards to their food allergies

(Signature of Parent/Guardian)

(Date)

Emergency Contact List

*****Please print clearly and indicate best number to be reached at with an asterisk**

Parent Name _____ Phone Number(H) _____

Phone Number(C) _____

Phone Number(W) _____

Parent Name _____ Phone Number(H) _____

Phone Number(C) _____

Phone Number(W) _____

Emergency Contacts

Name and Relationship

1. _____ Phone Number(H) _____

Phone Number(C) _____

2. _____ Phone Number(H) _____

Phone Number(C) _____

3. _____ Phone Number(H) _____

Phone Number(C) _____

Pediatrician Name

_____ Phone Number _____