



STUDENT ALLERGY INFORMATION

Please complete for ALL children.

Student #1 Name _____ Grade _____

_____ My child does NOT have any known allergies.

_____ My child does have allergies.

List allergies:

Indicate reaction/severity level:

Does medication or EpiPen need to be on hand at school ____ yes ____ no

Student #2 Name _____ Grade _____

_____ My child does NOT have any known allergies.

_____ My child does have allergies.

List allergies:

Indicate reaction/severity level:

Does medication or EpiPen need to be on hand at school ____ yes ____ no

Student #3 Name _____ Grade _____

_____ My child does NOT have any known allergies.

_____ My child does have allergies.

List allergies:

Indicate reaction/severity level:

Does medication or EpiPen need to be on hand at school ____ yes ____ no

Student #4 Name _____ Grade _____

_____ My child does NOT have any known allergies.

_____ My child does have allergies.

List allergies:

Indicate reaction/severity level:

Does medication or EpiPen need to be on hand at school ____ yes ____ no

Student #5 Name _____ Grade _____

_____ My child does NOT have any known allergies.

_____ My child does have allergies.

List allergies:

Indicate reaction/severity level:

Does medication or EpiPen need to be on hand at school ____ yes ____ no

****If medication or EpiPen needs to be on hand at school, please come to the school office and complete a medication authorization form as soon as possible.