



## ***ALLERGY ALERT***



**ATTENTION: PARENTS OF STUDENTS WITH ALLERGIES**  
**Please complete this form and return to your School Nurse as soon as possible.**

Student's name: \_\_\_\_\_ Date: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please list all items (i.e., foods, bees, animals, etc.) your child is allergic to:** \_\_\_\_\_

\_\_\_\_\_

**(NOTE: If your child needs a special diet provided at school you will need to provide a written prescription from a Physician.)**

**Type of reaction your child has:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Who should be contacted if your child has a reaction at school?** \_\_\_\_\_

Telephone \_\_\_\_\_

**What steps should be taken if your child has a reaction?** \_\_\_\_\_

\_\_\_\_\_

**Does your child use an Epipen?** Yes  No

**(NOTE: A signed "Authorization for Administration of Medication at School" form must be signed if a child must have an Epipen at school.)**

**Has your child been trained to self-administer the Epipen?** Yes  No

**In event of classroom/school parties, food treats will be handled as follows:**

- Student will eat treat without concern for allergy
- Student will **not** eat treat if it is on the list of food allergies
- Student will **not** eat treat if ingredients are unknown
- Replace with parent-supplied alternative
- Modify the treat as follows: \_\_\_\_\_

**Food treats are occasionally provided during regular class time. These treats will be handled as follows:**

- Student will eat treat without concern for allergy
- Student will **not** eat treat if it is on the list of food allergies
- Student will **not** eat treat if ingredients are unknown
- Replace with parent-supplied alternative
- Modify the treat as follows: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_