



**STUDENT ALLERGY FORM**

Student's Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Name of Person Filling out this Form \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**ALLERGENS**

Please be as thorough and detailed as possible. If your child does not have any known allergies, please indicate as well. (A copy of this form will be given to your child's teacher.)

\_\_\_\_\_ My child does not have any known allergies.

\_\_\_\_\_ My child has the following known allergies and symptoms:

ALLERGEN	SYMPTOM(S)	TRIGGER(S)
1.		
2.		
3.		
4.		
5.		
6.		
7.		

If there are any changes in the future, please inform the school office in writing immediately.

**AUTHORIZATION**

\_\_\_\_\_ My child is not to be treated with an EpiPen.

\_\_\_\_\_ My child is to be treated with an EpiPen.

\_\_\_\_\_ My child has an EpiPen in the school office.

\_\_\_\_\_ I will supply the office with a sufficient quantity of valid EpiPens throughout the year.

Parent's/Guardian's Name (please print) \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_