

## Allergy Information



Child's Name: \_\_\_\_\_

M     F    Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Does your child have any allergies?     YES     NO

Does your child have an EPI-PEN?     YES     NO

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### What is your child allergic to?

Bees/ wasps

Peanut Butter    Is a peanut-free table required in cafeteria?     YES     NO

Tree nuts

Fish/shellfish

Wheat

Soy

Cheese    OK as ingredient in cooking?     YES     NO

Eggs    OK as ingredient in cooking?     YES     NO

Milk     Lactose intolerant     Milk allergy

Other \_\_\_\_\_

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When was your child's first reaction? What treatment was sought? When was your child's most recent reaction?

\_\_\_\_\_  
\_\_\_\_\_

What are your child's symptoms when in contact with allergy?

\_\_\_\_\_  
\_\_\_\_\_

How knowledgeable is your child about his/her allergy and treatment?

\_\_\_\_\_  
\_\_\_\_\_

Are there any special accommodations your child will need with regard to this allergy?

\_\_\_\_\_



- Monthly school menus are available on the District Website for your convenience when selecting lunches appropriate for your child with regard to his/her allergies.
- For the safety of your child, all names of children with allergies will be posted in each classroom as well as the lunchroom. **Your signature below indicates your agreement with this procedure.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_