

Allergy Information Form

Dear Parent/Guardian:

You indicated on your child's registration form that your child had a life-threatening allergy. In order for us to better provide for the safety of your child, please complete the form below:

Child's name _____ Date of Birth: _____

On the line in front of the item listed please write yes or no indicating if your child has a life-threatening allergy to that specific item.

_____ 1. Peanuts, Peanut butter

_____ 2. Tree nuts (pecans, walnuts, almonds, cashews, Brazil nuts, filbert/hazelnut, pistachio,
macadamia, pine nut, hickory nut)

_____ 3. Fish, shellfish

_____ 4. Eggs

_____ 5. Soybeans

_____ 6. Wheat

_____ 7. Milk

_____ 8. Corn

_____ 9. Other _____

We will also need the following items:

- 1) Two or more small pictures of your child. These will be displayed in the copy room and in the cafeteria so that the staff can learn to recognize your child. (School nurse will take photo.)
- 2) The attached Emergency Allergy Action Plan signed by you **and** your child's doctor.
- 3) Two epinephrine kits (EpiPen or Anakit) if prescribed or other medication to be used if an allergic reaction occurs. One will be kept in the office, and one will be kept in the child's classroom.

We will need all of the above before your child's first day of school.

In Christ's Service,

Betty Grathwohl, RN