

## Food Allergy Report

School: \_\_\_\_\_

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

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

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

My Child is allergic to: \_\_\_\_\_

\_\_\_\_\_

Please describe your child's allergic reaction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the medications your child receives for the allergic reaction including the dose and frequency of administration: \_\_\_\_\_

\_\_\_\_\_

I will leave the following medications with the school nurse in the event my child has an allergic reaction at school: \_\_\_\_\_

\_\_\_\_\_

Does your child know to avoid these foods/substances? \_\_\_\_\_

Are you aware of any products that contain the substance your child is allergic to? (i.e. Some clays contain nut oil) \_\_\_\_\_

\_\_\_\_\_

Is there any other information school personnel should be aware of?

\_\_\_\_\_

\_\_\_\_\_

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