

# Allergies

*Please complete this form with any allergies and/or food restrictions. If your child does not have any allergies or dietary restrictions, please fill it out and enter NA or Not Applicable on the line.*

Name: \_\_\_\_\_

Allergy: \_\_\_\_\_

Student's class: \_\_\_\_\_

Severity of reaction:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any foods to be avoided because of religious beliefs:

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

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

- *If there are allergies, you might be asked to complete an additional form.*