

ALLERGY FORM

Please list any allergies your child may have to food, insect stings, environment or common substances. This information will be posted in the office and also disseminated to classrooms.

Child's Name	Grade	Allergies
_____	_____	_____

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_____	_____	_____

Child's Name	Grade	Allergies
_____	_____	_____

Child's Name	Grade	Allergies
_____	_____	_____

Are any of the above allergies serious or potentially fatal? If so, please indicate which ones above.

Do any of your children use an inhaler for asthma or for other conditions?

Signed: _____ Date: _____