Allergy Information

Child's Name: _____ Date of Birth: _____

Mother's Name: _____ Place of Employment: _____

Home # _____ Work # _____ Cell # _____

Father's Name: _____ Place of Employment: _____

Home # _____ Work # _____ Cell # _____

Child's Physician: _____ Physician's Phone # _____

Emergency Contact _____ Relationship to Child _____

Home # _____ Work # _____ Cell # _____

Child's Allergies: _____

_____

_____

_____

_____

Reactions & Symptoms: _____

_____

_____

_____

_____

Medications: (you will need to fill out an ***Authorization for Dispensing Medication*** form if your child will be taking any medication at school) _____

_____

_____

_____

_____

Parent Signature _____ Date _____