



# ALLERGY FORM

Date \_\_\_\_\_

\_\_\_\_\_ School District  
\_\_\_\_\_ School Name  
\_\_\_\_\_ Closest Hospital Phone #

My child \_\_\_\_\_, has serious life-threatening allergies to

Life threatening reactions may include

\_\_\_\_\_

\_\_\_\_\_

Please help keep my child safe during school by eliminating these allergic triggers from any classroom, lunchroom, playground or bus.

If a reaction requires emergency treatments, he/she

- ☐ carries emergency medicine in their backpack and can administer his/her medicine.  
☐ keeps their medicine in the school nurse's office.

Instructions for medicines \_\_\_\_\_

If they can not breathe call 911 immediately.

Our phone numbers in case of emergency are.

Parent's Name(s)

Home Phone

Cell Phone

Alternative Cell Phone Number