

2021-2022 Allergy Documentation Form

Child's Name _____ Circle One: CH E1 E2 A1

Please fill out for each child you are enrolling. If your child does not have a sensitivity or allergy, circle N/A for the corresponding category. Please document your child's sensitivities and allergies to assist our classroom staff in caring for your child.

Sensitivities (mild reactions that do not require a doctor visit or result in missed school)

N/A

Or

Sensitivities to _____

Reactions _____

(parents should coordinate with guide if accommodations are necessary)

Mild Allergies (reactions that may require a doctor visit or result in missed school)

N/A

Or

Mild Allergies to _____

Reactions _____

Severe Allergies (reactions that could be life threatening)

N/A

Or

Severe Allergies to _____

Reactions _____

For office use only:

Parent Provided Emergency Medication. Date: _____

Parent and guide communicated risk and mitigation for reactions. Date: _____