

Student Allergy Info

Students Name: _____

Allergy/Allergies: _____

Prescribed EPI pen

Please explain what happens when your child ingests/comes in contact with this allergen:

Student Sensitivity Info

Sensitivity/Sensitivities: _____

Please explain what happens when your child ingests/comes in contact with this allergen:

Student Dietary Preference/Others Info

Preference: _____

Please explain what happens when your child ingests/comes in contact with this allergen:

My child does not have any allergies, sensitivities, or dietary preferences.

Parents Signature: _____ Date: _____