STUDENTS WITH SEVERE ALLERGIES

NAME: _____ CLASS:_____

Dear Parent

Kindly fill out this form even if your child doesn't suffer from allergies.

1. My child has an allergy to:
   - ☐ insect sting ……..……..
     ……...(specify)
   - ☐ drug …….
     ……(specify)
   - ☐ food: peanuts Y/N
     Other nuts Y/N
     Fish Y/N
     Shellfish Y/N
     Other ……
     ……..
     ……..(specify)
   - ☐ latex ……..
   - ☐ other ……..…… (specify)

	Yes	No
2. My child has been hospitalised with a severe allergic reaction	☐	☐
3. My child has been prescribed an EpiPen	☐	☐

Completed by …… on ……
Parent

Thank you for your cooperation