January 2017

Dear Parents,

RE: STUDENTS WITH ALLERGIES

If your child suffers from a SEVERE ALLERGY please complete this form and return to the school office as soon as possible.

If you have any questions or concerns, please do not hesitate to contact me.

Yours sincerely,

Rosemarie Gosper
ASSISTANT PRINCIPAL

__________________________________________
CHILD’S NAME: ________________________________ CLASS: ____________

Please complete the questions below:

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 ...........................................................
   - latex......................................................... (specify)
   - other ............................................................ (specify)

2. My child has been hospitalized with a severe allergic reaction. Yes/No

3. My child has been prescribed an EpiPen. Yes/No

Signed: ________________________________                     Date: ________________

(Parent/Guardian)