



Allergy Form

Return to Tricia Hough in the main office. Please complete a separate form for each child.

Does your child have an allergy? _____ yes _____ no

Child's name: _____ Grade _____

If yes, please complete the following information:

Allergy (e.g. food, bee stings, latex): _____

Does your child's allergy require a prescription for an Epi-Pen? _____ yes _____ no

_____ My child's Epi-Pen can be stored in the front office in case of emergency.

_____ My child needs to carry his/her Epi-Pen with him/her at all times.

Please indicate other medications to be used in the event of an allergic reaction (e.g. Benadryl).

NOTE: HCA requires a doctor's note to accompany all prescribed and over-the-counter medications used to treat allergic reactions.

Route of exposure:

_____ ingestion _____ skin contact _____ inhalation _____ insect sting/bite

Result of exposure (e.g., hives, difficulty breathing):

Can your child sit at the same table as someone eating peanuts, tree nuts, etc.?

_____ yes _____ no

Does your child need to sit at a peanut-free table at lunch in the cafeteria?

_____ yes _____ no

Parent's/Guardian's Signature: _____

Date: _____