



FOOD ALLERGIES

2017-2018 School Year

Student Name: _____

Grade: _____ **Teacher:** _____

Please check all applicable boxes for specific food allergies. If your child has a specific food allergy, please describe your child's level of sensitivity, past reactions, and treatment given.

My child does not have any food allergies.

Peanut Butter

Level of Sensitivity: _____

Past Reactions: _____

Treatment Given: _____

Tree Nuts

Level of Sensitivity: _____

Past Reactions: _____

Treatment Given: _____

Eggs

Level of Sensitivity: _____

Past Reactions: _____

Treatment Given: _____

Dairy Products

Level of Sensitivity: _____

Past Reactions: _____

Treatment Given: _____

Shell Fish

Level of Sensitivity: _____

Past Reactions: _____

Treatment Given: _____

Other

Please describe: _____

Level of Sensitivity: _____

Past Reactions: _____

Treatment Given: _____

Is there any additional information regarding food allergies that would be helpful for School Nurse to know as she works hard to ensure the safety of your child?

Parent/Guardian Signature

Date