***Teacher:*_____*Class #:*_____**

ALLERGY FORM

**REQUIRED for ALL Students with any of the following:*

ALLERGY • SPECIAL DIET • FOOD RESTRICTION

In order to insure the safety and well being of any student with an allergy, special diet, or food restriction, Please complete the following form and return promptly to your student's teacher. Please feel free to contact the teacher to discuss any questions or concerns.

Student Name: _____

Parent Name: _____

Class Name: _____ **Class Day & Time**: _____

Please complete and initial each area providing as much detailed information as possible. Example: My child is allergic to wheat. She/He breaks out in hives when she/he touches anything that has wheat in it. He has prescription Benadryl, 12.5 mg. with her/him that she/he is to be given by mouth immediately when exposed to wheat. The medication is carried in her/his backpack at all times in a labeled bottle. *Use back of form if additional space is needed.*

✓ ******TO COMPLETE:*** ***Please INITIAL & CHECK BOXES:*** *If NO consideration needs to be made, please check NONE or N/A and Initial.*

_____ Initial My child has the following food and/or medication allergies: None ☐

_____

_____ Initial My child has the following reaction to the food and/or medication listed above: None ☐

_____

_____ Initial My child is treated for this reaction with the following medication, including this prescribed dosage: None ☐

_____

_____ Initial My child ☐ does ☐ does not carry this medication with her/him. Please indicate who is authorized to administer the prescribed medication:_____ N/A ☐

_____ Initial My child is on special diet/food restrictions. The special diet/food restrictions she/he has are listed below. None ☐

_____

_____ Initial I understand that any special food substitute will be ***furnished by me*** and ***not*** the cooking instructor. N/A ☐

I understand that if any of this information changes it is my responsibility to contact the teacher and complete a new allergy form. I also understand that by initialing this form and also by initialing the consent portion of the registration form, I agree to in no way hold the teacher or any other person responsible for my child's medical condition or any resulting complications.

_____ Phone #: _____

Parent/Guardian Signature Date