



ALLERGY FORM

Student Name: _____

Allergy to: _____

My child is at a (circle one): **LOW** **MEDIUM** **HIGH** risk for a severe reaction.

SYMPTOMS OF A MINOR REACTION MAY INCLUDE:

ACTION FOR A MINOR REACTION:

Then call:

1. _____
2. _____

SYMPTOMS OF A SEVERE REACTION MAY INCLUDE:

ACTION FOR A SEVERE REACTION:

Then call:

1. _____
2. _____
3. _____

Signature of person completing this form: _____