

Child's Food Allergy Information Form

Student's Information

Student's Full Name: _____

Student's Date of Birth: _____

Class/Grade: _____

Parent/Guardian's Name: _____

Contact Number: _____

Food Allergies Information

Does your child have any food allergies? Yes No

If yes, please list the specific foods your child is allergic to

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Please describe the typical reaction your child has to the above-mentioned foods (e.g., hives, difficulty breathing, etc.)

Does your child require any medication or treatment when exposed to the allergen(s)

Yes No

If yes, please list the medications or treatments

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Are there any other special dietary requirements or restrictions for your child we should be aware of

Yes No

If yes, please provide details

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN PROVIDED ABOVE)

Name: _____

Relationship to Student _____

Contact Number: _____

I certify that the above information is accurate to the best of my knowledge. I permit the school/daycare to take necessary action in case of an allergic reaction and understand the importance of providing accurate and up-to-date information

Parent/Guardian Signature _____

Date: _____

