

Food Allergy/ Intolerance Form

Student Name:	Birthdate:
Parent/Guardian Name:	
Phone Number in Case of Emergency:	
system response to a substance known as	when completing this form. An allergy is an immune an Allergen. For example, allergens can be foods, lerance is an unpleasant digestive response to a
Please list any known allergies:	
What is the student's reaction to the allerger possible)	n(s)? (For each one, please give as much detail as
What treatment should be provided if the child	d is exposed to the allergen?
	edication will be the responsibility of the school. s, inhalers, or emergency medications at all times.
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	the allergen:
• Are items processed in the same factory as	the allergen:
Physician signature:	Date:
Parent/Guardian signature:	Date: