

January 2018

Dear Parents,

RE: STUDENTS WITH ALLERGIES

If your child suffers from a **SEVERE ALLERGY** please complete this form and return to the school office as soon as possible.

PLEASE ONLY RETURN THIS NOTE IF YOUR CHILD DOES SUFFER FROM SEVERE ALLERGIES.

If you have any questions or concerns, please do not hesitate to contact me.

Yours sincerely,

Rosemarie Gosper
ASSISTANT PRINCIPAL



SEVERE ALLERGY

CHILD'S NAME: _____ **CLASS:** _____

Please complete the questions below:

- 1. My child has an allergy to:
 - insect sting (specify)
 - drug/medication (specify)
 -
 - food

peanuts	Y/N
other nuts	Y/N
shellfish	Y/N
other
 - other (specify)

2. My child has been hospitalized with a severe allergic reaction. Yes/No

3. My child has been prescribed an EpiPen. Yes/No

Signed: _____
(Parent/Guardian)

Date: _____