



St Mary's Primary

January 2017

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**.

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:

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

peanuts	Y/N
other nuts	Y/N
fish	Y/N
shellfish	Y/N
other	
 - latex..... (specify)
 - other.....(specify)
- My child has been hospitalized with a severe allergic reaction. Yes/No
- My child has been prescribed an EpiPen. Yes/No

Signed: _____
(Parent/Guardian)

Date: _____