

Allergy Form

This form is only for medical issues, likes and dislikes are not needed.

Form should be filled out by parent/guardian for any students.

Participant's Name _____

Does your child have any allergies? Yes No

If Yes, please list, and indicate type of reaction.

FOOD

REACTION

MEDICATION

REACTION

INSECTS

REACTION

Does your child suffer from any other allergies, eg. Chemical, first aid creams/lotions, plants, animals? Yes No

If Yes, please list, and indicate type of reaction.

(If your child's reaction is severe please supply the centre with medical advice from your doctor.)

Is there a history of allergic reactions in your family that we should be aware of, that may affect your child? Yes No

Does your child suffer from Asthma? Yes No

(If YES, please supply the centre with medical advice.)

Parent/Guardian Signature _____ Date _____