

****This form only needs to be completed if your child has food or other anaphylactic allergies****

Date form completed _____ Parent Signature _____

Child's Name _____ Grade in School _____

Please list all significant food allergies below. Use the back of this form if necessary.

| Food Allergen | Your Child's Symptoms of Exposure to this Allergen |
|---------------|--|
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| | |

Which of the allergies listed above could produce anaphylaxis?

Please list any non-food allergies that could produce anaphylaxis in your child.

Please list rescue medications that you have provided to the school to use in the case of suspected anaphylaxis or serious allergic reaction.

Please use the space below to describe the Action Plan that should be followed if your child is exposed to any of the allergens listed as producing anaphylaxis. Please be specific and address each anaphylactic allergen.

For any **non-anaphylactic** food allergy listed in the allergy box at the top of this form, please describe what action steps should be taken if your child is exposed. Please be specific about each allergy.

Please be aware that we will do our best to avoid students' coming into contact with allergens. It is anticipated that as students move from the necessarily more restrictive environment of the Lower School to the greater independence of the Middle and Upper Schools, their needs will change. Thus, they should be better able to assume responsibility for managing their allergies with the support of the school.

We welcome all parents of children with allergies to provide a small supply of treats for your child that can be stored. Please remind your child that these snacks are available and let him/her know to ask for a special snack.