

**Allergy Information Form:**

*School year: 23-24*

**Student's Name:**

Date of birth:

Grade:

Parent/Guardian

    Name:

    Phone:

    Email:

Does your child have an allergy to any of the following?  
(please circle all that apply)

Peanuts    Tree nuts    Other nuts:

Trees    Grasses    Flowers: *(what kind?)*

Pollen    Dust mites    Mold

Animal Dander:    Cat    Dog    Other:

Insect Stings:    Bee    Wasp    Hornet    Other:

Dairy:    Milk    Yogurt    Cheese    Other:

Red food dye    Latex

Medications: Amoxicillin/Penicillin

    Other medications:

**What medications are used to treat the above allergies?**

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