



St. Luke's Little School CHILD ALLERGY/MEDICAL CONDITION FORM

Dear Parents of a child with allergies or a medical condition:

To help us to better understand your child's allergies, we would appreciate completion of this form to make your child as safe as possible while at Little School.

Child's Name _____ DOB _____

ALLERGIES OR CONDITION: _____

Child's Class _____ Teacher(s) _____ Days _____

Parent/Guardian Name _____

Parent/Guardian Emergency Contact Number _____

How severe are your child's allergies or condition? _____

If a nut allergy:

Can nuts or peanut butter be in the classroom? _____

Does your child have to eat or touch them to react? _____

Can other children bring peanut butter or nut products? _____

Is the allergy severe enough to keep the room totally void of nuts/peanuts? _____

Other allergies:

Dairy _____ Gluten _____ Other _____

Whey _____ Egg _____

Other conditions: (i.e., diabetes, asthma, etc.) _____

What are the first symptoms that we might see if your child has a reaction? _____

If your child has a reaction, how should we proceed? Which medication first? When do we call 911? Please list instructions here: _____

Please be VERY specific about how and what needs to be done in the classroom to keep them as safe as possible.

Parent/Guardian Signature _____

Date _____