



# St. Luke's Little School

## CHILD ALLERGY/MEDICAL CONDITION FORM

To help us to better understand your child's allergy or medical condition, 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 \_\_\_\_\_