

St. James' Nursery School

Student Allergy Information Sheet

Parents:

Please complete this form and return it as soon as possible, even if your child has no known allergies. Allergies, especially food allergies, are dangerous. *Please contact the office whenever a change occurs in your child's allergy status.*

If your child's allergy requires treatment, such as epi pen, antihistamine or other medication, please complete the form below and the reverse side. (A doctor's signature is required.) Any treatment needed for allergic reaction, such as an epi pen or other medication, should also be detailed on the child's emergency card.

This form is required for all students attending St. James' Nursery School.

Thank you for your cooperation!

Child's Name: _____

Date of Birth: _____

_____ No Allergies(check if no allergies)

Food Allergies(be specific): _____

Drug Allergies: _____

All Other Allergies: _____

Comments: _____

I give my consent for allergy information about my child to be posted as necessary at St. James' Nursery School.

Parent/Guardian's Signature _____ Date _____

Annual Updates _____