QUAKER LANE COOPERATIVE NURSERY SCHOOL Allergy Action Form

Student's Name:			D.O.B.:
My child does not have		gies and does no then sign & date	ot have asthma:e page 2)
Allergy To:			
Food Allergy	No	Yes	If answering yes, is this a contact allergy too? (write yes or no)
Peanut/Nut			
Dairy/Milk Products			
Wheat			
Eggs			
Strawberries			
Chocolate			
Soy			
Other Food Allergy			
Food preference (ie			
vegetarian, vegan, etc)			
Environmental Allerg	gy No	Yes	Туре
Insects			
Animals			
Other Environmental			
Allergy			
Seasonal Allergy	No	Yes	Type
Mold			, , , , , , , , , , , , , , , , , , ,
Trees			
Grasses			
Weeds			
Other Seasonal			
Allergy			
	1		
Please indicate medicat	ion(s) taken to tro	eat any of the a	bove allergies:
Note: If your child requi	ires an Epi-Pen at	school, the stat	te requires prior authorization from
your doctor signed by bo	oth the doctor and	the parent.	
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For EpiPen Users Only *****ACTION FOR A LIFE-THREATENING REACTION**** Note: If your child requires an Epi-Pen at school, the state requires prior authorour doctor signed by both the doctor and the parent. Please check appropriate action: If ingestion is suspected, give EpiPen Injection immediately. give Epimmediately. *****Important: Please label school designated EpiPen with child's name are parent's Signature Parent's Signature Date		es Yes	your child asthmatic? No
s your child asthmatic? No Yes No Yes Fyes, is your child at high risk for a severe reaction? No Yes For EpiPen Users Only *****ACTION FOR A LIFE-THREATENING REACTION**** *****Dote: If your child requires an Epi-Pen at school, the state requires prior author our doctor signed by both the doctor and the parent. Please check appropriate action: If ingestion is suspected, give EpiPen Injection immediately. give Epimmediately. *****Important: Please label school designated EpiPen with child's name are Date Parent's Signature Date		es reaction? No Yes	your child asthmatic? No yes, is your child at high risk for a so
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Parent's Signature Date Parent's Signature Date	EpiPen Injection	give EpiF	
Parent's Signature Date	name****	esignated EpiPen with child's name	•
		Date	arent's Signature
		Date	arent's Signature
Please add anything else you would like us to be aware of here, please. Thank	ank You!	be aware of here, please. Thank Y	lease add anything else you would lik