Notre Dame Academy
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Student Allergy Information Sheet

Student's Name_____ D.O.B._____Teacher_____

Please complete this form and return to school health office so that your child's health and allergy information is current.

Indicate allergies:

☐ Insect stings (type): _____

☐ Food (type): _____

☐ Animals (type): _____

☐ Drugs (list): _____

☐ Other (list): _____

List symptoms:

☐ Difficulty breathing ☐ Coughing ☐ Wheezing

☐ Difficulty swallowing ☐ Vomiting

☐ Loss of consciousness

☐ Swelling Severity _____ Location _____ Hives _____

Other symptoms _____

Date of most recent allergic reaction_____

Has hospitalization or emergency room care been needed in the past years for allergies? ☐No ☐Yes

Date/details/medication required:

_____

_____

Are there any other changes in your child's health since last September?

_____

_____

Please contact the school nurse with information related to changes in your child's condition changes during the school year.

Parent/Guardians Signature_____Date_____