



Allergy Information Sheet

Valley School is committed to providing a safe and welcoming environment for all of the children in our school. Please complete the allergy information sheet below and return to your child's teacher.

Student's Name: _____ Grade _____ Date _____

Type of Allergies: check all that apply and list specifics.

- Medication: _____
- Food: _____
- Insect Bites: _____
- Environmental Allergens: _____

Symptoms of Allergy: check all that apply

- Hives
- Swelling of _____
- Difficulty Breathing
- Other _____
- Shock
- Fainting or dizziness
- Difficulty swallowing

Treatment

Is medication required immediately after exposure to the allergy producing substance? Yes No

Epinephrine (circle one) Epipen Epipen Jr. Twinject 0.3 mg Twinject 0.15 mg.

Antihistamine: _____

Other: _____

Has your child ever used an Epipen? _____

If no medication is necessary, how would you like for the school to treat the allergic event?

Signature of Parent/Guardian: _____ Date: _____