



St. Cecilia School Food Allergy Form

Student Name: _____

Grade: _____

Description of Allergy: _____

What foods should your child avoid? Please list below.

Please explain the symptoms your child will experience if he/she comes into contact with this food.

What type of treatment should be given and how soon?

Does your child have an epi-pen? If yes, please write your instructions on where the epi-pen will be kept (classroom, office, cafeteria, with the child, etc).

For the safety of your child, this information will be shared with all faculty and staff. It is important that you meet with your child's teacher at the beginning of the year to explain your child's allergy and provide additional instructions/plans for the classroom regarding birthday treats, snacks, etc.

Parent Signature

Date