



**St. Cecilia School**  
**Allergy/Medical Form**

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Description of Allergy: \_\_\_\_\_

Are there any foods, activities, etc. that your child needs to avoid as a result of the allergy/medical condition? Please list below.

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Please explain the symptoms your child may experience if he/she comes into contact with the allergen or that accompany the medical condition.

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Please list the steps that the school personnel should follow in order to treat the allergy/medical condition. Please include the timing of the steps.

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Does your child have an epi-pen or medicine that must be on-hand or administered during school hours? If yes, please write your instructions on where the epi-pen will be kept (classroom, office, cafeteria, with the child, etc). All other medication will be administered from the school office. *\*No medication will be dispensed to students without an Administration of Medication form on file in the school office that has been signed by the student's doctor.*

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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.

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Parent Signature

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Date

