

LCYC Student Allergy Form

Child's Name: _____ School Year: _____
Last First

ALLERGIC REACTIONS can be very dangerous for young children. In each classroom, LCYC posts a list of children who have some kind of allergy whether mild or life threatening. This helps staff react quickly to any situation and choose appropriate snacks.

Please make a list of ALL your child's allergies (drugs, bites/stings, food, etc.) and indicate if medication (i.e., epi-pen or Benadryl) may need to be administered. Indicate N/A if your child has no known allergies.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If your child requires any medication, such as Benadryl, an epi-pen, etc. you must supply the school with these medications and complete the following forms:

- Medication Authorization Form
- Allergy Action Plan

Major food causing allergies include: dairy, nuts, wheat, and eggs. Children may keep a non-perishable snack in their classroom. Children occasionally prepare food together in class for snack. Please work with your child's teacher so you can send a "treat" for your child if s/he is not able to have the class prepared snack or birthday treats brought in by other families.

Parent Signature Date