

## Allergy Information Form

**Child's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

1. Does your child have any allergies to:

Please check  to all that apply

<i>Foods</i>	<i>Yes</i>	<i>No</i>	<i>Drinks</i>	<i>Yes</i>	<i>No</i>
Cheerios			Milk		
Kix Cereal			Orange Juice		
Animal Crackers			Apple Juice		
Goldfish			Chocolate		
Pretzels			Vanilla		
Oranges			Strawberry		
Apples					
Raisins					
Bananas			<b>Non - Foods:</b>		
Ritz Crackers			Latex Gloves		
Bagels			Balloons		
Butter			Other:		
Cream Cheese					
Kiwi					
Chestnuts					
Avocado					
Peanut Butter					
Peanuts					
Other: (Please list)					

Any other known allergies or dietary restrictions?

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Has your child had multiple surgeries ? Y / N If yes, please explain:

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Any additional information that you feel would be helpful ?

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