

Immanuel Lutheran School Preparing Students for Life Here and in Eternity

ALLERGY ASSESSMENT

My child _____

Is allergic to _____

This is how and when we first became aware of the allergy:

This is the last time my child had a reaction:

This is a description of the signs and symptoms of the reaction:

This is the medical treatment that was provided and by whom:

This is the name and phone number of the physician treating the allergy:

These are the steps we/I would like the staff of Immanuel Lutheran School to take if my child is exposed to this allergen while at school: (use the back of the paper if necessary).

Parent/Guardian Signature and Date _____

Appointment Date (to see the principal) _____