



## CKA Allergy Form

Allergies, especially food allergies, are extremely dangerous. Please complete this form and return it as soon as possible, **even if you child has no known allergies**. There will be an Allergy List posted in the front of each classroom. Please contact me to add any new allergies as soon as they are discovered.

As a reminder, **YOU** are responsible for reviewing the Allergy List and making sure it is up to date.

Thank you for your cooperation.

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Age: \_\_\_\_\_

- No Allergies (check if no allergies)
- Food Allergies: \_\_\_\_\_
- Drug Allergies: \_\_\_\_\_
- All Other Allergies: \_\_\_\_\_

Are there any medications that will need to be stored in school to be administered in case of an allergic reaction? Please list:

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments/Concerns:

\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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