

Brookhollow Christian Academy

Child's Allergy Information

All allergies requiring medication and/or special meal requirements must be documented by the child's physician.

Name of Child _____ Date of Birth _____

| Allergen: | Symptom: | Treatment/Substitution: |
|-----------|----------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

*If treatments require medical administration, it will be necessary to have medical authorization paperwork completed and the physician's signature must be on file:

Further Emergency Response Procedures: _____

Additional Information/Instructions: _____

I know of no known food allergy at this time, no dietary adjustments indicated: _____

Physician's Signature _____ Date _____

To ensure the safety of your child, we cannot delete an allergy which has previously been documented unless we have a note from the child's physician stating that the child is no longer allergic to that item(s) and may now have that specific food(s), nor can we add an item(s) or change a medication without a note from the child's physician.

I understand that Brookhollow Christian Academy requires the most up-to-date information regarding my child's allergy. I also understand that for the safety of my child, my child's allergy information will be posted in the classroom and kitchen on the Allergy Awareness Chart.

Parent/Guardian Signature _____ Date _____