



ALLERGY/ASTHMA ALERT FORM

Our first priority at STEM Academy is every child's safety. Please complete the information below and speak directly with the Director concerning your child's allergy/asthma action plan if applicable.

Child's Name: _____ GRADE: _____ AGE: _____ Gender: M / F

____ Yes, my child has an allergy/allergies/asthma. If yes, please continue signing and completing this form.

____ No, my child does not have any allergy/allergies/asthma. If no, please sign below.

Parent/Guardian Signature Date

Please list any known ALLERGY/ALLERGIES/ASTHMA below:

Does your child have an allergy and/or allergies? YES _____ NO _____

Does your child have an epinephrine auto injector (i.e. EpiPen, Auvi-Q)? YES _____ NO _____

Does your child have an antihistamine such as Benadryl? YES _____ NO _____

Have you supplied the center with Benadryl and/or an EpiPen?
(All prescriptions must be given in its original box with the original label.) YES _____ NO _____

Does your child have asthma? YES _____ NO _____

If your child has asthma, does your child have an inhaler? YES _____ NO _____

Did your doctor fill out an allergy and/or asthma action plan? YES _____ NO _____

PARENTS OF CHILDREN WITH ALLERGIES MUST DISCUSS ANY/ALL DIETARY ISSUES WITH THE DIRECTOR UPON ENROLLMENT. WE STRONGLY ENCOURAGE PARENTS OF CHILDREN WITH ALLERGIES TO SUPPLY ALL THEIR CHILD'S FOOD AND BOWLS UNLESS OTHERWISE AGREED UPON. ALL CHILDREN WITH SEVERE ALLERGIES AND/OR ASTHMA REQUIRE THE APPROPRIATE EMERGENCY ACTION PLAN AND MEDICATIONS AUTHORIZED BY A PHYSICIAN. STEM MUST BE NOTIFIED OF ANY CHANGES IN ALLERGY OR MEDICATION STATUS.

Parent/Guardian Signature

Date