

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 AUTHORIZED BY A PHYSICIAN.

Parent/Guardian Signature

Date

Director Signature

Date