

## Allergy Form

### Academic Year 2022-23

Dear Parents,

In order to help us keep a more accurate and up to date record of your child's dietary requirements and possible medical needs, kindly fill out the information below as completely as you can. If it is not applicable to your child, please write N/A.

Child's Name:

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Date of Birth: \_\_\_\_\_

School Grade: \_\_\_\_\_

Known Allergies:

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Known Food Allergies (foods to avoid):

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Name of Medication Given for Allergies:

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**If medication is required, a Medication Form should be completed and submitted along with the medication to the MLS Nurse on the first day of school**