



St Anne's Catholic Primary School

Allergy Information Form

Child's Information

'Loving God in all we do'

To be completed by parent/carer

Child's name:

Date of birth:

Address:

Contact Name, Email & Mobile:

Emergency Contact (if different from above)

- Name: _____
- Relationship: _____
- Phone Number: _____

Medical Provider Information

- Doctor's Name: _____
- Phone Number: _____
- Clinic/Hospital: _____

Allergy Information

- List all known allergies (foods, medications, environmental, etc.):

- Describe the reaction(s) your child has to each allergen:

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- Date of last reaction (if applicable): _____

Treatment Plan

- Medication(s) required (e.g., EpiPen, antihistamines):

- Dosage and administration instructions:

- Where will medication be stored at school?: _____

Emergency Response Plan

- Steps to be taken in case of an allergic reaction:

Additional Notes or Instructions

Permission and Consent I, the undersigned, give permission for the school staff to administer medication and implement the emergency response plan as outlined above in the event of an allergic reaction.

Signature of Parent/Guardian: _____ Date: _____

This form will be kept confidential and only shared with staff who directly supervise your child.