



Merryhill  
School®

# ALLERGY CARD

Merryhill School

## ALLERGY INFORMATION CARD

(This card needs to be completed every school year and MUST be submitted by the first day of school)

Student's Name:

\_\_\_\_\_ (Last) (First) (Middle Initial)

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (Month) (Day) (Year)

Parent/Guardian Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

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Employer: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

## ALLERGIES

Allergies/Allergic to: \_\_\_\_\_

## ALLERGY PRECAUTIONS

The allergy can be prevented by: \_\_\_\_\_

Peanut Allergies: My child can be in a building with peanut products. The school does not have to be peanut free.

My child cannot be near any peanut products. The school must be peanut free.

## ALLERGY REACTIONS

Reaction symptoms: \_\_\_\_\_

Date of last reaction: \_\_\_\_\_

Requires Epinephrine

## ALLERGY REACTION RESPONSES

Please do the following if an allergic reactions occurs:

I give my consent for the school to follow the procedures outlined above. If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for the school to take appropriate action for the safety and welfare of my child.

\_\_\_\_\_  
(Parent/Guardian Signature Required)

\_\_\_\_\_  
(Date Completed)