AKRON FIRST ACADEMY & PRESCHOOL
ALLERGRY STATEMENT

Child's Name: ______________________________

Allergy to Food (list): ____
Environmental (list): _________________________________
Other (list): ____

If the school needs to watch for symptoms or medications need administered a Care Plan form will need to be filled out. If medication needs to be administered a Medication form will also need to be filled out.

Food: If none check box and move to Environmental

1. My child may sit by those that might have the food my child is allergic to. **Yes No**
2. My child may be in the same room with food they are allergic to. **Yes No**
3. My child can touch food they are allergic to. **Yes No**
4. My child can eat allergic food items that may be processed in factory or machine. **Yes No**
5. My child can smell the items they are allergic to. **Yes No**
6. My child can eat allergic food items that may have been made in another food item (ex: cakes) **Yes No**

Environmental: If none check box and move to Other

1. My child has seasonal allergies. **Yes No**
2. My child is allergic to grass, leaves, tree pollen (circle what applies) **Yes No**
3. My child can play on the grass, **Yes No.** touch leaves **Yes No**. touch acorns **Yes No**

Other allergy (may be medications, latex, etc.)

1. My child is allergic to medication: list _____________________________
2. My child is allergic to latex and will need latex free band aids (parent will provide) **Yes No**
   If allergic to latex a care plan will need to be filled out.
3. List any other type of allergy. ___________________________________

Parent Signature________________________________ Date______________

2/18/2021