



# Student Allergy Information

\_\_\_\_\_  
 Parent/Guardian Name

\_\_\_\_\_  
 Phone Number

Food Allergies		
Allergen (peanuts, milk, eggs, gluten, etc.)	Severity (mild, moderate, severe)	Reaction (hives, itching, vomiting, etc.)

Food Intolerance/Dietary Preferences		
Food (gluten, casein, food dyes, etc.)	Severity (strict or flexible)	Reaction (stomach upset, behavior, etc.)

**Triggers:**

Eating Foods

Touching Foods

Smelling Foods