

**Wolf Branch School District**  
125 Huntwood Road  
Swansea, Illinois 62226  
Phone (618) 277-2100 Fax (618) 277-9786

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**Allergy Information Form**

Dear Parent/Guardian of: \_\_\_\_\_

According to your child's health records, he/she has an allergy to:

Please provide us with more information about your child's health needs by responding to the following questions and returning this form to the school office.

1. When and how did you first become aware of the allergy?
  
  
  
  
  
  
  
  
  
  
2. When was the last time your child had a reaction?
  
  
  
  
  
  
  
  
  
  
3. Please describe the signs and symptoms of the reaction.
  
  
  
  
  
  
  
  
  
  
4. What medical treatment was provided and by whom?
  
  
  
  
  
  
  
  
  
  
5. If medication is required while your child is at school, the enclosed Emergency Action Plan (EAP) form must be completed by a licensed medical provider and parent/guardian.
  
  
  
  
  
  
  
  
  
  
6. Please describe the steps you would like us to take if your child is exposed to this allergen while at school.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to the school nurse's office ASAP.**