

Greenburgh Central School District  
475 West Hartsdale Avenue  
Hartsdale, NY 10530

Sacred Heart ES  
50 Wilson Street  
Hartsdale, NY 10530

### **ALLERGY FORM**

**PLEASE NOTE: THIS FORM MUST BE RETURNED TO THE SCHOOL NURSE IN THE BUILDING YOUR CHILD ATTENDS CLASS. THANK YOU.**

**CHECK AND SIGN A, B, OR C.**

**Grade:** \_\_\_\_\_

A. \_\_\_\_\_ My child \_\_\_\_\_ has no known allergies.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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B. \_\_\_\_\_ My child \_\_\_\_\_ has a known allergies.

to: \_\_\_\_\_ Reactions generally are not severe.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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C. \_\_\_\_\_ My child \_\_\_\_\_ has a known allergies.

to: \_\_\_\_\_ In the event of a contact, I give my permission for the school nurse, or her designee to follow the protocol written by

Dr. \_\_\_\_\_  
(your child's physician's name) Address \_\_\_\_\_

\_\_\_\_\_  
(Phone number)

This may include the administration of medication and transport by emergency care unit to the nearest emergency room. I will be notified immediately.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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