St. Mary's Catholic School Student Allergy/Health Condition Form 2025-26

Please put current photo here:

Student's name: _____ **Grade:** _____

This form must be signed. Please provide the following information:

1. Identify the substance(s) to which the student is known to be allergic to, and/or student's health condition.
2. List the symptoms of the allergic reaction(s)/health condition.
3. List detailed emergency procedures to be followed in the event of an allergic reaction or adverse health episode.

4. *If medication is to be administered as part of the emergency procedure, the following information must be provided:*

- name of medication
  required dosage
  method of administration
- possible side effects
- special storage instructions
- the time framework within which the medication must be administered

_____

Parent Signature Date

St. Mary's Catholic School Student Allergy/Health Condition Form 20254-25

Please put current photo here:

1. Allergy/Health Condition:	1. Symptoms	1. Emergency procedure	1. Medication Details

Emergency Contacts Name(s)

Phone Number(s)

Parent Signature

Date