



**GOOD SHEPHERD ACADEMY, NUTLEY**

**Allergy Form**

**(one form per child)**

Student Name (please print) \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ My child does not have allergies

\_\_\_\_\_ My child uses an epi-pen, nebulizer, inhaler (please circle all that apply)

\_\_\_\_\_ My child has the following allergies (food, grass, latex, etc.)

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Medications required:

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Mobile Number (Emergency) \_\_\_\_\_

Parent/Guardian E-mail \_\_\_\_\_