



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.)

Medications required:

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Mobile Number (Emergency) _____

Parent/Guardian E-mail _____