

St. James' Nursery School
1307 N. Main St., Mt. Airy, MD 21771
(301) 829-0014, school@stjamesmtairy.org

Student Allergy and/or Asthma Information Sheet

Please complete this form and return it as soon as possible, **even if your child has no known allergies**. Allergies, especially food allergies, can be dangerous. Please contact the office whenever a change occurs in your child's allergy status. **This form is required for all students attending St. James' Nursery School.**

If your child's allergy requires treatment, in addition to completing this form you will need to complete the *Allergy and Anaphylaxis Medication Administration Authorization Plan*. A doctor's signature is required.

If your child has asthma, in addition to completing this form you will need to complete the *Asthma Action Plan and Medication Administration Authorization Form*. A doctor's signature is required.

Each required medication must be included on the appropriate authorization form.

Child's Name: _____ Date of Birth: _____

No Allergies

Food Allergies (be specific):

Asthma:

Drug Allergies:

All Other Allergies:

Dietary Restrictions (vegetarian, lactose intolerance, etc.):

Comment:

I give my consent for allergy information about my child to be posted as necessary at St. James' Nursery School.

Parent/Guardian Signature: _____ Date: _____

Annual Updates: _____