

West Cape May Elementary School  
West Cape May, New Jersey

**Allergy Information**

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ M\_\_\_\_ F\_\_\_\_

Does your child have any allergies? Yes\_\_\_\_ No\_\_\_\_

Does your child have an EPI-PEN? Yes\_\_\_\_ No\_\_\_\_

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**What is your child allergic to?**

- Bees/wasps
- Peanut butter Is a peanut-free table required in the cafeteria? Yes\_\_\_\_ No\_\_\_\_
- Tree nuts
- Fish/shellfish
- Wheat
- Soy
- Cheese OK as an ingredient in cooking? Yes\_\_\_\_ No\_\_\_\_
- Eggs OK as an ingredient in cooking? Yes\_\_\_\_ No\_\_\_\_
- Milk Lactose intolerant? Yes\_\_\_\_ No\_\_\_\_ Milk allergy? Yes\_\_\_\_ No\_\_\_\_
- Other \_\_\_\_\_

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When was your child's first reaction? What treatment was sought? When was your child's most recent reaction?

\_\_\_\_\_

\_\_\_\_\_

What are your child's symptoms when in contact with allergy?

\_\_\_\_\_

\_\_\_\_\_

How knowledgeable is your child about his/her allergy and treatments?

\_\_\_\_\_

\_\_\_\_\_

Are there any special accommodations your child will need with regard to this allergy?

\_\_\_\_\_

- For the safety of your child, all names of children with allergies will be posted in each classroom as well as the lunchroom. **Your signature below indicates your agreement with this procedure.**

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