

# Student Allergy Form

## FVAC Arts Adventures 20\_\_

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

**Allergic to:** \_\_\_\_\_

Previous reactions caused by (circle all that apply) **Ingestion, Airborne Exposure, Skin Contact**

Previous reaction symptoms included: \_\_\_\_\_

The student is \_\_\_\_\_ **not at high risk**

\_\_\_\_\_ **is at high risk for experiencing an Anaphylactic/Life threatening reaction**

due to: \_\_\_\_\_ previous anaphylactic reaction

\_\_\_\_\_ Asthmatic

\_\_\_\_\_ Other: \_\_\_\_\_

### Do this immediately:

\_\_\_\_\_ Give medication (**yes/no**)

\_\_\_\_\_ Name of medication

\_\_\_\_\_ Method of use

\_\_\_\_\_ Specific location of medicine

Call for medical emergency help at: \_\_\_\_\_

\_\_\_\_\_

Other notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_