



MERCY CULTURE PREPARATORY
ALLERGY NOTIFICATION FORM

Student Name: _____

Grade: _____ Date of Birth: _____

School Year: _____

☐ **No, my child has no known allergies.**

☐ **Yes, my child has known allergies.**

1. Allergy Information

Please identify any known allergies:

- ☐ Seasonal/environmental — pollen, grass, dust, mold, etc.
- ☐ Insect(s) — ant, bee, wasp, mosquito, other: _____
- ☐ Animal(s) — pet/dander, other: _____
- ☐ Food(s) — _____
- ☐ Medication — _____
- ☐ Other: _____

2. Typical Reaction

What normally happens when your child is exposed?

- ☐ Localized redness, swelling, or itching
- ☐ Sneezing/runny nose/watery eyes
- ☐ Rash or hives
- ☐ Significant swelling
- ☐ Difficulty breathing
- ☐ Throat/tongue swelling
- ☐ Vomiting or stomach symptoms
- ☐ Dizziness/fainting
- ☐ Other: _____

Is there anything else about your child's typical reaction we should know?





3. Medication at School

Does your child require medication at school for this allergy?

- ☐ No
☐ Yes — medication: _____

If medication is required, the following must be completed:

- ☐ Medication administration authorization has been provided to the school.
☐ Medication has been provided to the school.
☐ Healthcare provider orders are attached for prescription medication.

Does your child have a prescribed epinephrine auto-injector?

- ☐ No
☐ Yes

If your child has a history of anaphylaxis or is prescribed epinephrine, a healthcare-provider Food Allergy & Anaphylaxis Emergency Plan is required.

4. School Precautions

Are there specific precautions the school should take?

Please understand that the school will take reasonable measures to reduce known exposure risks but **cannot guarantee that a student will never encounter a food allergen, an environmental allergen or insect.**

6. Parent/Guardian Responsibilities and Agreement

I understand and agree that:

- I am responsible for providing accurate and current allergy information to the school.





- I will notify MC Prep if my child's allergy, symptoms, medication, or emergency instructions change.
- If my child has a potentially life-threatening allergy, I will provide the appropriate healthcare-provider documentation and medication required by the school.
- I understand and agree that emergency medical services will be contacted when a serious allergic reaction or anaphylaxis is suspected.

Parent/Guardian Name: _____

Signature: _____

Date: _____ **Phone:** _____

FOR SCHOOL USE ONLY

Documentation Received:

- ☐ Healthcare-provider documentation
- ☐ Food Allergy and Anaphylaxis Emergency Care Plan (if applicable)
- ☐ Medication authorization (if applicable)
- ☐ Medication received (if applicable)
- ☐ Epinephrine received (if applicable)
- ☐ Staff notified

School Contact/Notes:

Date Reviewed: _____

Reviewed By: _____ **Next Review:** _____

