



Allergies and/or illnesses

This form is intended to supplement if your child has any allergies or illnesses that we should know about and take into consideration. If this does not pertain to your child, you don't need to fill it out.

Name of the child: _____ Class: _____

Does your child have an illness / allergies that we should know about?

Allergi: _____ (info)

Illness: _____ (info)

Does he/she use any kind of medications, if so what type of medications: _____

_____.

What considerations do you prefer us to do due to the allergies/illness? _____

_____.

Other information: _____

_____.

Place: _____ Date: _____ Sign: _____