

# CHURCH SCHOOL ALLERGY FORM

September 2015

Dear Parents and Guardians,

To ensure the safety of all children, please complete the following information and return to Liza or Michele before September 27th, 2015. If you have more than one child registered, please complete a separate form for each child and return to us ***whether or not*** he/she has any allergies.

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

Grade: \_\_\_\_\_

No Allergies

Allergy: \_\_\_\_\_

Allergy Medication/dose: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Home Phone #: \_\_\_\_\_

Emergency Contact Cell #: \_\_\_\_\_

Thankyou,

Liza Placido and Michele Mosca  
Church School Co-Superintendents

