

KACHEA CO-OP STUDENT ALLERGY INFORMATION

2024-2025

Please complete a form for each of your students. If no allergies, input "None".

Child's name

Grade (24/25)

Birth date

Month Day Year

Parent's name

Does your child carry an EpiPen?

Yes

No

Do you carry an EpiPen for child?

Yes

No

Allergic to:

Severity of allergy:

Sensitivity To: Try to avoid but no major issues with contact

Mild: Has a sensitivity to allergan and needs to not eat it

Moderate: Can be in the room with but cannot eat or touch

Severe: Cannot eat or touch, contact parent if this happens

Extreme: Cannot be in the same room, treat and alert parent immediately

How does child react?

Allergic to:

Severity of allergy:

Sensitivity To: Try to avoid but no major issues with contact

Mild: Has a sensitivity to allergan and needs to not eat it

Moderate: Can be in the room with but cannot eat or touch

Severe: Cannot eat or touch, contact parent if this happens

Extreme: Cannot be in the same room, treat and alert parent immediately

How does child react?

Allergic to:

Severity of allergy:

Sensitivity To: Try to avoid but no major issues with contact

Mild: Has a sensitivity to allergan and needs to not eat it

Moderate: Can be in the room with but cannot eat or touch

Severe: Cannot eat or touch, contact parent if this happens

Extreme: Cannot be in the same room, treat and alert parent immediately

How does child react?