

2022-23 KACHEA CO-OP ALLERGY INFORMATION

Child's name _____ Grade _____

Birth date _____ Parent's name _____

Does your child carry an EpiPen? ___Y ___N Do you carry an EpiPen for child? ___Y ___N

Allergic to:

1. _____

Severity of allergy:

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

_____ Mild: Has a sensitivity to allergen 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:

2. _____

Severity of allergy:

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

_____ Mild: Has a sensitivity to allergen 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:

3. _____

Severity of allergy:

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

_____ Mild: Has a sensitivity to allergen 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? _____