**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_