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