



### ALLERGY INFORMATION REQUEST

We strive to meet ADA regulations for students with food allergies and, in doing so, require some additional information from you regarding one of your current patients that attends our school.

STUDENT NAME: \_\_\_\_\_ STUDENT DOB: \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

1. Food Allergen – *Please make additional copies if student has multiple allergies.*

\_\_\_\_\_

2. Is this allergy life threatening?    **Yes**         **No**

3. What precautionary measures **need** to be taken by the school to accommodate this student’s needs?

\_\_\_\_\_

\_\_\_\_\_

4. What symptom(s) does the student experience when exposed to this allergen?

\_\_\_\_\_

\_\_\_\_\_

5. What measures **need** to be taken when he/she is exposed to this food?

\_\_\_\_\_

\_\_\_\_\_

Physician’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return this form to the school as soon as possible by fax at 360-697-7537 or by email at office@silverwoodschool.org.***

*At Silverwood School, we challenge our students to become confident, compassionate citizens and skilled life-long learners – literate, motivated, and intellectually adventurous.*