ALL SOULS
World Language Catholic School

REQUEST FOR ALLERGY INFORMATION

Dear Parent or Guardian,

This optional form allows you to disclose any and all allergies your child may have. The information provided will be used for our records to help us avoid potential exposure and keep all students safe. Teachers will have a list of students with severe allergies on hand to ensure they are aware and can take necessary precautions.

A "severe allergy" refers to a dangerous or life-threatening reaction of the human body to an allergen (such as food, environmental, or other substances) introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any allergies your child has, along with details about how they react when exposed.

If you have no information to report, please check here: [ ]

Thank you for helping us maintain a safe and supportive environment for all students.

Allergen	Nature of Allergic Reaction	Severity - Low, Mild, High?

Student Name: _____ Date of Birth: _____

School: _____ Grade level: _____

Parent/Guardian Name: (please print)_____

Work Phone: _____ Mobile Phone: _____ Home Phone: _____

Signature of Parent/Guardian: _____ Date: _____