

Hooks ISD

Student Allergy Form

Student Name _____ Grade _____

Upon reviewing the health information, it was noticed the above student has an allergy to: _____

Please provide the following information:

1. Describe student's allergic reaction in the past, including when it occurred.

2. How was the reaction treated?

3. Please list medications used to treat allergy and the frequency they are given.

4. Please provide any further details and attach physician's statement if necessary.

Parent/Guardian Signature _____

Date _____