



# Allergy/Food Exemption Medical Statement

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

THINGS TO AVOID

REACTIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Severity: (i.e. extreme, moderate, mild) \_\_\_\_\_

TREATMENT/PLAN OF CARE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Non-Food Allergy Medical Statement

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

THINGS TO AVOID

REACTIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Severity: (i.e. extreme, moderate, mild) \_\_\_\_\_

TREATMENT/PLAN OF CARE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date