

**Mt. Franklin Christian Academy  
MEDICAL INFORMATION**

**Name of Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

- My child does not have any known allergies.
- My child has asthma.
- My child has a severe allergy and will need an Allergy Action Plan.
- My child has an EPI-PEN and/or medication held in the school medicine cabinet.

**Specify:** \_\_\_\_\_

**My child has the following drug allergies:** \_\_\_\_\_

\_\_\_\_\_

**My child has the following food allergies:** \_\_\_\_\_

\_\_\_\_\_

**My child has the following seasonal allergies:** \_\_\_\_\_

\_\_\_\_\_

**Please list all other allergies:** \_\_\_\_\_

\_\_\_\_\_

**My child has a medical condition which requires medication, monitoring, or special accommodations while at school (diabetes, ADD, etc.). Specify:** \_\_\_\_\_

\_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

*Any information obtained will be held in the student's school medical file and will be confidential.*