

**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.