

Please list any allergies or other substances that your child is allergic. This means: bee stings, penicillin, certain foods, food seasonings, etc. Please list anything that may upset the normal routine of your child.

Please list any medical information that should be known about your child. We wish to know anything that may need extra attention in the case of an emergency. This includes bad asthma attacks, cramps, severe headaches, feet/arm problems, etc. **THIS IS VERY IMPORTANT!!!**

Please list current medications student is taking (including over the counter medications)