

# ALLERGIES FORM | 2022-2023



**FIRST CONGREGATIONAL  
CHURCH**  
OF CRYSTAL LAKE

OFFICE USE ONLY

Date Received \_\_\_\_\_ by \_\_\_\_\_

Copies Made: Yes No

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

Allergies \_\_\_\_\_

Student's medical condition(s) or significant health history \_\_\_\_\_

Any reaction to Ingestion \_\_\_\_\_

Touch \_\_\_\_\_ Inhalation \_\_\_\_\_

1. Will you be sending an Epi-pen to program?  Yes  No

If yes, please explain \_\_\_\_\_

2. Is there a history of an anaphylactic reaction?  Yes  No

If yes, please explain \_\_\_\_\_

3. Will you be sending your child with an Inhaler?  Yes  No

If yes, please explain \_\_\_\_\_

4. Emergency Medical Instructions: \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone # \_\_\_\_\_

Current medication(s) and dosage \_\_\_\_\_

Physical or dietary restrictions \_\_\_\_\_

**If sending medication, please fill out the below permission to dispense medication waiver:**

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

Medication to be taken: \_\_\_\_\_

Medication Instructions: \_\_\_\_\_

Does this medication need to be refrigerated?  Yes  No

I give permission for a staff member or an adult volunteer of First Congregational Church – Crystal Lake to dispense this medication to the child named above.

\_\_\_\_\_  
Signature Phone where you may be reached \_\_\_\_\_