



ALLERGY FORM

Child's Name:	Birth Date:	Age:
Mother's Name:	Cell Phone:	
Father's Name:	Cell Phone:	
Legal Guardian Name:	Cell Phone:	
Doctor's Name:	Office Phone:	

MY CHILD IS ALLERGIC TO:

Please specify allergy: (i.e. peanuts, tree nuts, shellfish etc.) _____

Please describe allergic reaction: _____

- ☐ My child will have an EpiPen,[®] for use at Maria Verdeja School of the Arts (MVSA). I will complete and turn in the EpiPen[®] Administration Permission Form along with my child's EpiPen,[®].
- ☐ My child has an EpiPen,[®] but I am declining the opportunity to provide one for my child's use at Maria Verdeja School of the Arts (MVSA).

I agree to release, indemnify, and hold harmless Maria Verdeja School of the Arts (MVSA) and any of its staff and/or teachers from lawsuit, claim, expense, demand, or action against them.

I have read and understand MVSA's Food Allergy Form.

Parent or Legal Guardian Printed Name

Parent or Legal Guardian Signature

Date: _____