

AKRON FIRST ACADEMY & PRESCHOOL
ALLERGY STATEMENT

My child _____ has the following allergies:

Please answer the following statements:

- | | | |
|---|------------|-----------|
| 1. My child may sit by those that might have items my child is allergic to. | yes | no |
| 2. My child may be in the same room with items they are allergic to. | yes | no |
| 3. My child can touch the items they are allergic to. | yes | no |
| 4. My child can eat allergic food items that may have been processed in factory or machine. | yes | no |
| 5. My child can smell the items they are allergic to. | yes | no |
| 6. My child can eat allergic food item that may have been made in another food item (ex: cakes) | yes | no |

Other comments _____

Parent Signature _____

Date _____