Mobile Bay Christian Academy
Student Allergy Form

Student Name ____

Allergies ____

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Do you think your child's allergy is life threatening? Yes ____ or No ____

Triggers (please circle): Eating Touching Smelling Other ____________________

Does the student use/carry an epi-pen? ________________________________

Hospital preference ____

Comments

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Parent Name ____

Phone Number ____

Emergency Contact Name ____

Phone Number ____