

Brice Christian Academy
3160 Brice Road
PO Box 370
Brice, Ohio 43109

FOOD ALLERGY VERIFICATION

NOTE: This form ONLY needs to be completed for STUDENTS who have FOOD ALLERGIES and are not allowed to eat certain foods at school in the CLASSROOM or in the CAFETERIA. This verification must be on file at school with the Student Health Clinic and School Cafeteria.

This VERIFICATION is required by the Department of Health.

Student's Full Name _____

Date of Birth _____

Physician Certification: This is to certify that I have examined this child and have found that he/she:

Has the following food allergy:

Based on this allergy, I am recommending the following substitutions:

Adverse reactions expected if this food is ingested:

Indicate YES (an Epi-Pen is required) or NO (an Epi-Pen is NOT required) below:

(Note: If YES, physician must complete Epi-Pen Consent Form on back)

Parent to Complete:

Name of

Parent: _____

Address/City/State//Zip

Code: _____

Area Code / Phone

#: _____

Physician To Complete and Sign & Date Below:

Name (Please Print): _____
Address: _____

City/State/ Zip
Code: _____
Area Code / Phone
#: _____

Physician's Signature: _____ Date: _____

Inhaler / Epi-Pen / Insulin Consent Form

NOTE: This form ONLY needs to be completed and submitted to the school when the student has **ASTHMA and/or ALLERGIES which REQUIRE an Epi-Pen, Inhaler or Diabetic Testing Supplies**. If applicable, this form must be completed, signed and dated by the PARENT and PHYSICIAN. Return to the Student Health Clinic.

Purpose: To grant authorization for the **possession and use** of Asthma Inhalers, Epi-Pens or Insulin during school.

Authorization is hereby given for _____ to receive the medication marked below as indicated.

Check any that apply:

- Asthma Inhaler
- Epi-Pen
- Insulin

Name of Medication: _____

Dosage: _____

Procedure to follow in the event medication does not produce the expected relief:

Adverse Reactions:

Other Special Instructions:

*****Required:**

Physician Name: _____ **Phone**

_____

Physician

Signature: _____ **Date:** _____

Parent/Guardian Name: _____ **Phone**

_____

Parent/Guardian

Signature: _____ **Date:** _____