



Veranda Montessori School Allergy Form

Child's Full Name: _____

Date of Birth: _____

Child's Allergy Details

Type of Allergy	Allergic To	Reaction Symptoms	Emergency Action Plan	Medications Required

List only the medication you will leave at school for emergency use only.

All medications must be checked in with the administrative staff to ensure they are stored in a locked box. Medications not checked in at the front desk will not be administered.

Parent/Guardian Signature: _____ Date: _____