

St. John School
Physician's Statement
Allergy/Intolerance Report

Date: _____ Student Name: _____

Dear Health Care Provider:

The above named student has applied for enrollment to St. John School. We have been advised that this student has allergies or is intolerant to the following substances:

We are required to comply with certain standards. Please help us to comply and meet the health needs of your patient by completing the form on the back of this letter. We need to know the substances the child is allergic or intolerant to, the nature or severity of the reaction, and appropriate actions to take.

Thank you for your help in this important health matter.

Frances Quevedo
St. John School
206-783-0337

Parent Authorization:

I give my permission for the medical information requested by St. John School to be released on behalf of my child, named above.

Parent Signature

Date

Parent Name-please print

Address

City/State

Zip

St. John School

Physician's Statement
Allergy/Intolerance Statement

Student: _____ is a patient in my care. He/she has the following allergies/intolerances:

Possible reactions/signs to watch for are as follows:

Actions to be taking in the event of reactions are:

Health Care Provider: _____
Signature *Date*

Name -please print

Address *City/State* *Zip*

Phone

Thank you for your cooperation. Please return this form to St. John School,
120 North 79th Street, Seattle, WA 98103.