



East Pasco Adventist Academy  
2023-2024 Allergy information

Student Name \_\_\_\_\_  
Student Date of Birth \_\_\_\_\_  
Student Grade \_\_\_\_\_

Food Allergies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medicine Allergies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Allergies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_  
Date \_\_\_\_\_