



# Student Pick-Up Authorization & Allergy Form



THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK-UP MY CHILD FROM SJDS. **Please include parents/guardians.**

**Student's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Name	Cell Tel.	Home Tel.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*ALLERGIC REACTIONS* can be very dangerous for young children. In each classroom, SJDS posts a list of children who have some kind of allergy whether mild or life threatening. This helps teachers react quickly to any situation. It also helps us choose appropriate snacks for the class.

*Please make a list of all of your child's allergies (medications, bites/stings, food, etc.) and indicate if medication (i.e., epi-pen, Benadryl, and/or Tylenol) may need to be administered. Indicate N/A if your child has no known allergies.*

_____	_____
_____	_____
_____	_____
_____	_____

If your child has a life-threatening allergy, please supply all of your child's food, including snack. If your child requires any medication, such as Benadryl, an epi-pen, Tylenol, etc., you must supply the school with these medications.

Being lactose intolerant is not life threatening but is uncomfortable for the child who is affected. Parents in this situation should speak directly to the teacher about when dairy products can be offered and provide an alternate snack for their child that can be used by the teacher when necessary. If pills are necessary for the child, medication must be kept and distributed by office personnel.

Major food causing allergies include: dairy, nuts, wheat, and eggs. Children may keep a non-perishable snack in their classroom. Parents can also work together with the teacher to provide a list of alternate safe snacks. Please be aware of birthday celebrations so that you can send in a "treat" for your child if he/she is not able to have cupcakes or other common birthday treats.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date