



MVSA Food Allergy Form

(Food Allergy Concerns)

Child's Name:	Birth Date:	Age:
Mother's Name:	Cell Phone:	
Father's Name:	Cell Phone:	
Legal Guardian Name:	Cell Phone:	
Doctor's Name:	Office Phone:	

My child is allergic to:

Food (peanuts, tree nuts, shellfish, etc.)

Please specify _____

Type of reaction _____

My child will have an EpiPen,[®] for use at Maria Verdeja School of the Arts (MVSA). I will complete the EpiPen[®] Administration Permission Form and will include it with my child's EpiPen,[®].

My child has an EpiPen,[®] but I am declining the opportunity to provide one for MVSA.

I agree to release, indemnify, and hold harmless MVSA and any of its staff and/or teachers from lawsuit, claim, expense, demand, or action against them.

I have read and understand MVSA's Food Allergy Form.

Parent or Legal Guardian Printed Name

Parent or Legal Guardian Signature

Date