Warren Middle School

Home Arts Class - Welcome & Allergy Form

Student Name: _____ Period: _____

Welcome to Home Arts class! I am excited to teach your child this cycle, and I am truly looking forward to getting to know them as we explore this fun content area. In this class we will be working with various tools and equipment. Safety of the utmost importance in this class. At the beginning of the cycle I ask that the parent of each child complete the information below. If your child has any food allergies and/or dietary restrictions; please indicate what they are, how severe, and the medical treatment necessary. *Please keep your notes/comments on this paper to your child's food allergies, dietary restrictions, and/or intolerances. - Mrs. Richards*

Emergency Contact Information:

Parent/Guardian 1_____Email_____
Home#_____Work#_____Cell#_____

By signing below I am indicating that my child, _____, does NOT have ANY food allergies or intolerances:

Parent Signature: _____ _____

Complete below only if your child has food allergies or intolerances:

MY CHILD IS ALLERGIC and/or INTOLERANT TO:

Type of Food:	**Circle One of the Below:**			**Medical Treatment Necessary:**
FISH	Ingest	Inhale	On-Contact	
SHELLFISH	Ingest	Inhale	On-Contact	
TREE NUTS	Ingest	Inhale	On-Contact	
PEANUTS	Ingest	Inhale	On-Contact	
MILK	Ingest	Inhale	On-Contact	
FRUIT	Ingest	Inhale	On-Contact	
EGGS	Ingest	Inhale	On-Contact	
WHEAT	Ingest	Inhale	On-Contact	
SOY	Ingest	Inhale	On-Contact	
OTHER	Ingest	Inhale	On-Contact	

Does your child carry an Epi-Pen: YES NO

Does your child wear a Medic Alert Bracelet: YES NO

Parent Signature: _____ Date:_____