



**Warrensburg-Latham Community Unit School District #11**  
 430 W. North Street, Warrensburg, Illinois 62573  
 Phone: (217)672-3514 Fax: (217)672-8468



Mrs. Cheryl Warner  
*Superintendent of Schools*

**ALLERGY HISTORY FORM**

Dear Parent/Guardian of: \_\_\_\_\_

Does your child have a documented allergy? If so, please list and complete the form.

\_\_\_\_\_

Please provide us with more information about your child's health needs by responding to the following questions and returning this form to the school office.

1. When did you first become aware of the allergy? \_\_\_\_\_

\_\_\_\_\_

2. When was the last time your child had a reaction? \_\_\_\_\_

\_\_\_\_\_

3. Please describe the signs and symptoms of the reaction? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If medications are required while your child is at school, the Emergency Action Plan (EAP) form must be completed by a licensed medical provider and parent/guardian.**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_