

GPISD Food/Substance Allergy Form for 504 Consideration

Student: \_\_\_\_\_  
Campus: \_\_\_\_\_

Date: \_\_\_\_\_  
Grade: \_\_\_\_\_

Suspected allergy: \_\_\_\_\_ (documentation attached? YES NO)

Nature of the allergy: \_\_\_\_\_ (documentation attached? YES NO)

Expected reaction to allergen: \_\_\_\_\_ (documentation attached? YES NO)

Severity of the reaction to the allergen: (circle one) MILD MODERATE SEVERE LIFE THREATENING

Major life activity affected by allergy: \_\_\_\_\_

Is this allergy a concern within the educational setting? YES NO

If YES, what areas/locations/materials present the greatest risk/presence of this allergen in the educational setting? \_\_\_\_\_

What medication(s) does the student take in relation to the allergy? \_\_\_\_\_

Does the student take this or any other medication at school? \_\_\_\_\_

Does the student take this or any other medication at home? \_\_\_\_\_

What is the medical history of the student in relation to the allergy? (frequency and severity of reaction)

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

What staff should be made aware of this allergy? \_\_\_\_\_

Who will notify the appropriate staff? \_\_\_\_\_

Additional notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Persons reviewing allergy data:

PRINTED NAME	TITLE	SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____