



Non-Life-Threatening Allergy Statement

School year 20__-20__

_____ (name of child) has non-life-threatening allergies to
(check mark):

Milk/Dairy

Eggs

Nuts

Tree nuts

Fish

Shellfish

Soy

Wheat

Other: _____

_____ (name of child) was last tested for this allergy on
_____ (date).

Milford Exempted Village Schools encourages regular medical evaluations for allergies; However, Milford Exempted Village Schools **requires a parent signature every year** for current, non-life-threatening allergies.

If your child no longer has this allergy, please refer to the Dietary Removal Form.

_____ (Print Parent or Guardian Name)

_____ (Parent or Guardian Signature)

_____ (Parent or Guardian Phone Number)