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)