

Allergy/Medical Information
Memorial Lutheran School

Dear Parents:

It is important that we have any updated allergy/medication information for your child. Please complete and sign this form and return it to the school office immediately so that we may update our records.

Child's Name _____

Child's Grade/Teacher _____

☐ My child has the following allergies: _____

The following medications are prescribed for my child for long-term continuous use:

Please make sure that you have filled out the proper medicine forms in the school office if your child is taking medicine during the day while at school.

Any other information that our staff should be aware of: _____

☐ My child does not suffer from allergies

☐ My child does not take any medications

Parent Signature