



Yearly Physician Statement

School year 20_____

_____ (name of child) is seen in my office/clinic and I verify that he/she has life threatening allergies to:

<input type="radio"/> Peanuts This allergen can be consumed as an ingredient (i.e. baked in)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Milk This allergen can be consumed as an ingredient (i.e. baked in)	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Tree nuts This allergen can be consumed as an ingredient (i.e. baked in)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Eggs This allergen can be consumed as an ingredient (i.e. baked in)	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Fish This allergen can be consumed as an ingredient (i.e. baked in)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Soy This allergen can be consumed as an ingredient (i.e. baked in)	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Shellfish This allergen can be consumed as an ingredient (i.e. baked in)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Wheat This allergen can be consumed as an ingredient (i.e. baked in)	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Sesame This allergen can be consumed as an ingredient (i.e. baked in)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Other This allergen can be consumed as an ingredient (i.e. baked in)	<input type="radio"/> Yes	<input type="radio"/> No

**** If able to ingest as an ingredient (i.e. baked in) please explain how child cannot have allergen below: ****Requires an Epi-Pen to be kept at school. For bus or field trips student will keep Epi-Pen in _____ (i.e. backpack, pocket, etc.)

School Name: _____

Child was last tested on _____ (date)

Milford Exempted Village School District encourages regular medical evaluations for allergies. However, Milford Exempted Village School District requires annual physician statements regarding current allergies.

_____ (healthcare provider's signature) _____ (date)