



Yearly Non-Life-Threatening Allergy Statement

School year 20_____

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

Milk

Lactose Intolerance

Eggs

Nuts

Tree nuts

Fish

Shellfish

Soy

Wheat

Sesame

Other: _____

School Name: _____

_____ (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) Date: _____

_____ (Parent or Guardian Signature)