



Aspire Living & Learning Student Allergy Questionnaire Form

Parents/Guardians:

In order to ensure that our medical records are up-to-date, I am asking you to let us know if your child has any allergies that we should be aware of at this time. This information is very important to us so that we can maintain a safe learning environment for our students, and to ensure that your child is safe if s/he has an allergic reaction in school.

Please provide us with the information on the form below, and return it to school as soon as possible. If you have any questions, or wish to discuss your child's needs with me personally, please contact me at 203-385-5729.

Sincerely,

Lisa A. Riggi

Lisa A. Riggi
Principal

Student Allergy Information

Name of Student _____

My child has the following allergies/is allergic to:

Symptoms/Reactions that may occur as a result of these allergies are:

Parent Signature _____ Date _____

****Consents are only valid from one year of dated signature****