Allergies and Special Needs Form

Thank you for joining STARS Homeschool Co-op! We are so glad you decided to join. We have created this form to help ensure the safety of the children attending, and to make sure we can provide accommodations for your children.

Family Last Name_____ **School Year**_____

Attending Parent _____

- ☐ Allergies
  List:_____
  _____
- ☐ Food Allergies/Intolerances
  List:_____
  _____
- ☐ Special Needs/Accommodations
  List:_____
  _____

Child Name_____ **Grade** _____

- ☐ Allergies
  List:_____
  _____
- ☐ Food Allergies/Intolerances
  List:_____
  _____
- ☐ Special Needs/Accommodations
  List:_____
  _____

Child Name_____ **Grade** _____

- ☐ Allergies
  List:_____
  _____
- ☐ Food Allergies/Intolerances
  List:_____
  _____
- ☐ Special Needs/Accommodations
  List:_____
  _____

*** This form is good for one co-op year. A new form will need to be filled out each year. ***

Child Name_____ **Grade** _____

- ☐ Allergies
  List:_____
  _____
- ☐ Food Allergies/Intolerances
  List:_____
  _____
- ☐ Special Needs/Accommodations
  List:_____
  _____

Child Name_____ **Grade** _____

- ☐ Allergies
  List:_____
  _____
- ☐ Food Allergies/Intolerances
  List:_____
  _____
- ☐ Special Needs/Accommodations
  List:_____
  _____

Child Name _____ **Grade** _____

- ☐ Allergies
  List:_____
  _____
- ☐ Food Allergies/Intolerances
  List:_____
  _____
- ☐ Special Needs/Accommodations
  List:_____
  _____

Any additional student/family information you would like to share:

_____
_____
_____

Please complete a Response Plan for each person with allergies/special needs.

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Allergies and Special Needs Response Plan

(Complete for each person who has an allergy or special need)

Name: _____ **Grade:** _____

Early Signs of Reaction:

_____

_____

Response:

_____

_____

Extreme Reaction Signs:

_____

_____

_____

Extreme Response:

_____

_____

_____

Accommodation(s) Needed:

_____

_____

_____

Other Helpful Information:

_____

_____

_____

*** This form is good for one co-op year. A new form will need to be filled out each year. ***