



# COMPASS ROSE

## Allergy Notification Form

Compass Rose is required by law to request that the parent or guardian of each student attending Compass Rose disclose the student's allergies at the time of enrollment. This form will satisfy this requirement.

This form allows you to disclose whether your child has an allergy or severe allergy that you believe should be disclosed so that Compass Rose can take necessary precautions for your child's safety.

**Severe allergy** means a dangerous or life-threatening reaction of the human body to an allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list anything your child is allergic to or severely allergic to, as well as the nature of his or her allergic reaction. Compass Rose will contact you for a note from your physician if your child has food allergies. **Your child must have an EpiPen prescribed to help in the event of an emergency.**

Allergy	Nature of allergic reaction to the food:

Compass Rose will maintain the confidentiality of this form and the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and the Board of Director's policy. **Compass Rose will maintain this form as part of your child's student record for the 24-25 school year.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_