



ARIZONA CULTURAL ACADEMY ISLAMIC SUNDAY SCHOOL

Allergy Information Form

STUDENT INFORMATION

Full name _____ Date of birth _____ Age _____

Grade/class level _____ Parent/guardian name(s) _____

Phone number(s) _____ Email address _____

ALLERGY INFORMATION

Does your child have any known allergies? ☐ Yes ☐ No

If yes, please list all known allergies (food, medication, environmental, etc.):

Please describe the reaction symptoms your child typically experiences:

☐ Hives/rash ☐ Swelling ☐ Breathing difficulty ☐ Nausea/vomiting ☐ Other: _____

What triggers the allergic reaction?

☐ Ingestion ☐ Skin contact ☐ Inhalation ☐ Other: _____

Has your child been prescribed emergency medication (e.g., EpiPen, Benadryl)? ☐ Yes ☐ No

If yes, please provide the medication name and dosage instructions:

Will you be providing the medication to the school? ☐ Yes ☐ No

All medications must be clearly labeled with the student's name and instructions.

EMERGENCY CONTACT (IN CASE THE PARENT/GUARDIAN IS UNAVAILABLE)

Name _____ Relationship to student _____ Phone number _____

AUTHORIZATION

By signing below, I confirm that the information provided is accurate. I understand it is my responsibility to notify Arizona Cultural Academy Islamic Sunday School (ACA) of any changes and to provide any necessary medication. I give permission for ACA staff to administer the provided medication and take appropriate action in case of an emergency.

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____