TIEGERMAN

TEACHING THE EXTRAORDINARY

EXPERTS IN LANGUAGE AND COMMUNICATION DEVELOPMENT

ALLERGY & MEDICATION FORM*

Name: _____ Sex: _____ Date of Birth: _____

My child, _____ Group # _____
(complete name)
has the following allergies (medication, food, etc.), diet restriction, etc.:

_____

_____

My child does NOT have any allergies_____ *(check here and sign below).*

Please indicate any medication that is prescribed to your child.

Daily med taken at school: _____

Daily med taken at home: _____

PRN med: _____

Please provide a 3-day supply of medication in case of a widespread emergency.

Thank you.

_____ _____
Date Parent or Guardian Signature

*** Please note, this form must be submitted annually.**

2026/2027