Medical Form 6 of 6
Updated 04/12

2013 Senate Page/Messenger Program

Allergy Information Form

_____*(please print neatly)*, a Senate Page/Messenger, has the following allergies listed below. If none, please write "none" in each category.

Skin Contact: plants, dander, pollen, latex, etc.

_____ _____

_____ _____

Injection: bee sting, medications, etc.

_____ _____

_____ _____

Ingestion: medications, nuts, shellfish, wheat, dairy, etc.

_____ _____

_____ _____

Inhalation: pollen, dust, mold, mildew, dander, etc.

_____ _____

_____ _____

☐ Check here if your Senate Page/Messenger has a prescribed EpiPen.

Name of Parent/Guardian (*Please Print*)	Signature of Parent/Guardian	Date month/day/year
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