

UPWARD BOUND
Student Allergy and Medication Form
This needs to be completed entirely by a parent/guardian
(Even if items are selected NO)

Student Name: _____

Is your child a diabetic?	Yes No
If yes, any special instructions?	
Does your child have any FOOD allergies?	Yes No
If yes, what allergies?	
Is your student gluten free?	Yes No
Is your student lactose intolerant?	Yes No
Is your student on any current medications?	Yes No
If yes, please lists all medications:	
Is your student ALLERGIC to any medications?	Yes No
If yes, please list these medications:	

Any other medical information you feel UB staff should be aware of, please note on the back of this form.

PARENT SIGNATURE

DATE