



Yearly Physician Statement

School year 20_____

_____ (name of child) is seen in my office/clinic and I verify that he/she has life threatening allergies to:

- Peanuts** **Milk**

<input type="radio"/> Tree nuts	<input type="radio"/> Eggs
<input type="radio"/> Fish	<input type="radio"/> Soy
<input type="radio"/> Shellfish	<input type="radio"/> Wheat
<input type="radio"/> Sesame	<input type="radio"/> Other <small>(PLEASE EXPLAIN)</small>

**** If able to ingest as an ingredient (i.e. baked in) please explain:**

**Requires an Epi-Pen to be kept at school. For bus or field trips student will keep Epi-Pen in _____ (i.e. backpack, pocket, etc.)

School Name: _____

Child was last tested on _____ (date)

Milford Exempted Village School District encourages regular medical evaluations for allergies. However, Milford Exempted Village School District requires annual physician statements regarding current allergies.

_____ (healthcare provider's signature) _____ (date)