**Allergy Accommodation Form**

\*May be filled in by a student’s parent or guardian, **DUE BACK TO JCS OFFICE BY AUGUST 1 of EACH YEAR**

JCS strives to create a safe environment for learning. In light of this, if any student has allergy issues that are known to result in an anaphylactic reaction, or his/her Physician has indicated there has been a prior reaction, their parents shall complete the Anaphylactic Reaction Form. JCS recognizes that a student may have allergy issues that fall short of an anaphylactic reaction.

Parents may request a parent supplied accommodation for these allergies. The Principal and staff of JCS will attempt, within their discretion, to honor these accommodations when possible. Please complete this form to better inform JCS of your student’s allergy issues.

**Student Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergy trigger** (list each one you will be requesting an accommodation for)

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**Parent-supplied accommodations:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents,

By signing this form, please recognize that the JCS Principal and staff will attempt, within their discretion, to accommodate to your student’s allergy issues. The Principal and JCS staff may not be able to accommodate all requests, but will inform you if this is the case. If you have any questions or concerns, please address them directly with the Principal.

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_