

Student Health Service • Division of Student Affairs

1 Hawk Drive • New Paltz, NY • 12561-2443 • (845) 257-3400 • (845) 257-3415 (fax)

## **ALLERGIES: FOOD AND STINGING INSECTS**

Name	Date of Birth
	ncerned about food and stinging insect (honeybee, ese allergens are plentiful in the environment and
To better serve you we would like to know	if your reaction to (please list what you are allergic
to)	is:
· ——	t treatment do you take when you are exposed to
If you did not mention an Epipen, do you car	ry one?   Yes   No
Please mail or fax forn	n to address indicated above.
Name of Responder:	Date:
Signature of Responder:	