ALLERGY

☐K ☐1 ☐2 ☐3 ☐4 ☐5 ☐6
☐7 ☐8
☐9 ☐10 ☐11 ☐12

To the Parent(s)/Guardian(s) of: _____

Daytime Telephone Numbers_____ School _____

On school records you indicated that this student has a **SEVERE or SERIOUS ALLERGY**. It is important to have at least annual health information when s/he needs help at school. Please complete this form and return it to school tomorrow so a plan can be established and shared with appropriate school personnel. It is the responsibility of the parent/guardian to provide necessary special food and medicine needed at school. Requests for medication forms can be obtained at the school. If you have any questions, please call the school. **REMEMBER TO NOTIFY SCHOOL IMMEDIATELY OF ANY CHANGES IN PHONE NUMBERS, CONTACT PERSONS, ETC.**

Check any life-threatening allergy this student has:

☐Insect stings. List type_____ ☐Food. List type_____

☐Animals. List type_____ ☐Other. List type_____

Indicate the signs that are usually present during an allergy attack

☐ Difficulty breathing ☐Very pale skin

☐Rash ☐ Loss of consciousness ☐Swelling. Where?_____

☐Nausea ☐Difficulty swallowing How much?_____

☐Flushed skin ☐ Other_____

Has emergency medical treatment been needed in the past year for allergies? ☐ No ☐Yes . When?_____

Allergies are currently being treated by: _____ Phone_____

Are medications needed to control or treat the allergies? List below the medications needed

Medication	Amount taken	Time of day	Taken at school [1]
			☐ No ☐Yes
			☐ No ☐Yes
			☐ No ☐Yes

The usual treatment at school for a severe allergic reaction is to:
1. Observe for inadequate breathing, signs of shock, unusual swelling.
2. When observed, call 911.
3. Report to parent.

Please indicate any additional information that you want to share:[2]
I give permission for the school nurse to contact the health care provider to discuss school-related allergy managment of this student.

_____
Parent Signature Date

[1] The district medication policy requires parental and physician signatures on district forms for all medications administered during school activities. Forms are available in the school office.
[2] Any treatments or test and activity restrictions require written directions from the student's physician or primary care provider.

For School Nurse Use Only
Nsg Dx
☐Stable Hx
☐Potential Complication: anaphylaxis
☐High risk ineffective breathing
☐Other
Plan
☐No ongoing nsg mgmt at school indicated
☐Standard procedure for severe allergic reaction
☐Standard medication procedure
☐Individualized EAP

☐Delegation

RN: