



To the parent/guardian of _____ Grade: _____

You have indicated on school records 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 the form and return it to the school nurse as soon as possible** so a plan to help your child can be shared with identified school personnel. It is the responsibility of parents to provide necessary special food and medicine needed at school. If you have any questions, please contact the school nurse.

CHECK ANY ALLERGY YOUR STUDENT HAS:

- A. Insect stings (list type) _____
- B. Food (list type) _____
- C. Animals (list type) _____
- D. Other (list) _____

INDICATE THE SIGNS THAT ARE USUALLY PRESENT DURING AN ALLERGY ATTACK by placing letter(s) of the allergies checked above beside the signs listed below:

- _____ difficulty breathing _____ rash _____ nausea
- _____ difficulty swallowing _____ flushed or unusually pale skin color
- _____ loss of consciousness _____ cough _____ sneezing
- _____ swelling where? _____
- _____ other _____

Has emergency medical treatment been needed in the past year for allergies? No Yes
Allergies are currently being treated by Dr. _____ Phone _____

ARE MEDICATIONS NEEDED TO CONTROL THE ALLERGY? No Yes (list below)

Medication	DOSE	TIME

DOES YOUR CHILD HAVE AN ALLERGY ACTION PLAN IN PLACE? YES _____ NO _____

PARENTAL CONSENT: By signing this form, I consent to the sharing of this information with appropriate district staff (this includes but is not limited to administrators, teachers, support staff, bus drivers, food service staff, custodians, coaches and substitute employees). Grant permission for the school nurse to confer with the doctor regarding health and treatment issues as they pertain to the above medications and or diagnosis as related to his/her educational and behavior management needs; **The North White School Corporation shall not be held liable for any harm caused by inaccurate reporting by legal guardian or Licensed Physician on this form.**

Parent Signature: _____ Date: _____

REMEMBER TO ADVISE THE SCHOOL IMMEDIATELY OF CHANGES IN PHONE NUMBERS, ADDRESS, OR RESPONSIBLE EMERGENCY CONTACT PERSONS



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