



Empower each child to design the future.

Dear Parent,

According to your child's health record, he/she has a history of severe allergies. Please complete the information below and return it to the school nurse. Thank you.

Child's Name: _____

Physician: _____ **Phone:** _____

1) List your child's allergies: _____

2) Describe your child's signs and symptoms of an allergic reaction: _____

What is the time frame for your child's reaction? _____

3) List all your child's current medications, including dosage: _____

4) List all emergency medications use to treat your child's allergic reactions, including dose: _____

5) When and how did you first learn of your child's allergy? _____

6) Has your child ever been treated in the emergency room or with an Epi-Pen for their allergy? If so, when? _____

7) When was your child's last severe allergy reaction and how did you manage it? _____

Comments and special instructions.

Parent signature

Date