



**ALLERGY ASSESSMENT and CARE PLAN**

**If your child requires any medication in the event of an allergic reaction, the school must have a “Medication Authorization Form” on file, signed by both physician and parent.**

*A new medication form is due each school year. Students are permitted to carry EPI-PENs with the proper documentation in the health office.*

School Year: \_\_\_\_/\_\_\_\_

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/guardian name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/guardian name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**In the event we are unable to reach you:**

Emergency phone contact: \_\_\_\_\_

(other than parent) name relationship phone

List your child’s allergies: \_\_\_\_\_

Date of your child’s last significant allergic reaction: \_\_\_\_\_

Please circle any symptoms that apply to your child’s allergic reaction:

- |                           |                               |                                |                        |
|---------------------------|-------------------------------|--------------------------------|------------------------|
| Feeling of apprehension   | Feeling of fullness in throat | Tingling sensation mouth/face  | Itching                |
| Weakness                  | Sweating                      | Change in voice quality        | Respiratory difficulty |
| Hives                     | Low blood pressure            | Rapid pulse                    | Rash                   |
| Wheezing                  | Nasal congestion              | Localized redness and swelling |                        |
| Other (be specific) _____ |                               |                                |                        |

**Check medication your child requires in the event of an allergic reaction:**

\_\_\_\_\_ Benadryl \_\_\_\_\_ EPI-PEN Other \_\_\_\_\_

Does your child carry an EPI-PEN at all times? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where is (are) EPI-PEN (s) kept for student? \_\_\_\_\_

Has student been instructed in: \_\_\_\_\_ Signs/symptoms of significant allergic reaction?

\_\_\_\_\_ Use of EPI-PEN

Does your child wear a “Medic Alert” bracelet? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EMERGENCY PLAN (Complete with input from your physician)**

List below a step by step plan for your child in the event he/she has an allergic reaction at school:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Additional comments: \_\_\_\_\_

Name of physician: \_\_\_\_\_ Physician’s signature: \_\_\_\_\_

May the school nurse contact the physician in case there are any questions or concerns in making an emergency plan for your child? \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by (school nurse): \_\_\_\_\_ Date: \_\_\_\_\_