SIDNEY CITY SCHOOLS

750 S. FOURTH AVENUE
SIDNEY, OHIO 45365
**MAIN:** 937-497-2200
**FAX:** 937-497-2211

*To inspire, empower, and prepare our students for their best future.*

## ALLERGY/ANAPHYLACTIC REACTION HISTORY

Student's Name: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

Parent/Guardian's Name: _____ Phone: _____

Physician's name: _____ Physician's phone: _____

According to our records, you have informed the school that your child has a history of allergic/ anaphylactic reaction. Please complete the information below. This will help school staff know more about how your child and his/her medical condition and the best way to protect the health and safety of your child while at school.

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 allergic reaction:

❑ Difficulty breathing ❑ Very pale skin ❑ Swelling/where? _____
❑ Rash ❑ Loss of consciousness How much? _____
❑ Nausea ❑ Difficulty swallowing
❑ Flushed skin ❑ Other _____

Has emergency medical treatment been needed in the past for allergies/allergic reaction?
_____Yes _____ No; If yes, when? _____
Does student have an EPI Pen? _____Yes _____ No

If you plan to have medication available at school, medication forms must be completed and signed by you and your doctor (your physician MUST complete the request for medication administration). This form is required before any medication can be given at school.

If a bee or wasp sting occurs at school, your child will be given basic first aid. You will be notified. If necessary, your child will be transported by rescue squad to the nearest hospital as designated on the student's emergency medical form.

Please contact the public health/school nurse if you have any questions or if your child's medical condition changes during the school year. Thank you for your cooperation and help in providing the best care for your child.

_____
Parent/Guardian's Signature Date