FOLEY PUBLIC SCHOOL
ALLERGY FORM

ALLERGY: _____

Name: _____ Date of Birth: _____
School: _____ Grade/Teacher: _____

Contacts:
Parent/Guardian: _____
Home Phone: _____ Parent Work #: _____
Cell/Pager: _____

Health Care Provider/Clinic: _____
Clinic Phone: _____ Clinic Fax: _____

Medication(s):
Name: _____ Dose: _____ Frequency: _____
Name: _____ Dose: _____ Frequency: _____

Allergies/Triggers for Allergic Reaction:

- ☐ milk/dairy
- ☐ eggs
- ☐ insect bites (list:_____)
- ☐ seafood
- ☐ latex
- ☐ animals (list:_____)
- ☐ foods (list: _____)
- ☐ medications (list: _____)
- ☐ other (list: _____)

Usual Signs and Symptoms of Severe Allergic Reaction (check if experienced by your child)

- ☐ tightness of throat/chest
- ☐ swelling of eyes, lips, tongue, throat
- ☐ wheezing/difficulty breathing
- ☐ rapid, weak or unattainable pulse
- ☐ generalized tingling or itching
- ☐ generalized rash or hives
- ☐ facial flush
- ☐ acute coughing or sneezing
- ☐ seizures
- ☐ cyanosis (bluish colored skin)
- ☐ loss of consciousness
- ☐ anxiety
- ☐ GI symptoms (list:_____)
- ☐ other: _____

Number of hospitalizations for an allergic reaction?_____
Field trip plan:

Signs/Symptoms of Minor Reaction:

Treatment for Minor Reaction: _____

If the condition does not improve in 10 minutes, follow steps for Major Reaction below.

Signs of Emergency - Major Reactions:

- ☐ Tightness of throat and/or chest
- ☐ Difficulty breathing or talking, repetitive cough or wheeze
- ☐ Loss of consciousness
- ☐ Generalized itching, rash or hives, swelling of face, lips, tongue or mouth
- ☐ Blue discoloration of lips or fingernails
- ☐ Vomiting, abdominal cramps or diarrhea
- ☐ Seizures
- ☐ Other symptoms: _____

If suspected ingestion and/or symptoms are:_____

If known ingestion: _____

Administer: _____ IMMEDIATELY!!

Procedure for Epi-pen administration by school personnel:

1. Health Services/school staff will call 911, obtain and administer Epi-pen (See below)

2. Stay with student and have someone contact parents.
4. Repeat in 10 minutes if the paramedics have not arrived, the student continues to be in distress and if the student has a second Epi-pen.

I give the ISD #51 Licensed School Nurse permission to consult (both verbally and in writing) with the above named student's health care provider regarding any questions that arise about the medical condition and/or medications, treatments, procedures being used to treat the condition.

Parent's Signature: _____ Date:_____

Health Care Provider: _____ Date:_____

Licensed School Nurse: _____ Date:_____

The above information will be used for planning and may be shared with school staff involved with this student.