**ALLERGY INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian:

You have noted on your child's emergency card that he/she has allergies. Please complete the following information as soon as possible and return it to the school office - **Attention: School Nurse.**

1. What is your child allergic to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What allergy symptoms has your child had in the past?

□ Nasal congestion □ Closure of Throat □ Nausea and/or vomiting

□ Red, and/or watering eyes □ Unconsciousness and/or shock □ \*Other (explain below)

□ Wheezing and/or Difficulty breathing □ Rash/hives over most of the body

\*Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Is your child under doctors' supervision? □ Yes □ No

 Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Are your child's allergies treated by:

 □ Over the counter medication □ Prescribed medication □ EpiPen

 □ Injections to desensitize allergies □ Not treatable □ \*Other (explain below)

\*Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Is medication required to be kept at school? □ \*Yes □ No

\*If Yes; an "Authorization for Medication Administration at School" form must be completed and signed by parent and child’s doctor. Form can be obtained from your child’s school.

6. Are there any specific emergency procedures you would like us to follow? *"911" will be called for any student in acute distress.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name of Parent/GuardianSignature of Parent/Guardian Date

**INFORMACION SOBRE ALERGIA**

Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha de Nacimiento:\_\_\_\_\_\_\_\_\_\_\_ Grado: \_\_\_\_\_

Escuela: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maestro: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_

Estimado Padre/Guardian:

Usted habra notado en la tarjeta de emergencia de su nino(a) sufre de ataques. Por favor conteste las preguntas siquientes. Devuelva este formulario, *"Atencion: Enfermera de la Escuela".*

1. A que es alergico su nino? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Que sintomas de alergia ha tenido su hijo en el pasado?

\_\_\_\_\_ Congestion nasal \_\_\_\_\_Nausea, vomito

\_\_\_\_\_ Ojos rojos, acusos \_\_\_\_\_Perdida del conocimiento, conmocion (shock)

\_\_\_\_\_ Dificultad en respirar \_\_\_\_\_Sarpullido/ urticaria (picazon) en casi todo el cuerpo

\_\_\_\_\_ Other symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Esta su nino bajo la supervision de algun doctor? Si \_\_\_\_\_ No \_\_\_\_\_

Medico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telefono \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Como se esta tratando la alergia de su hijo?

\_\_\_\_\_ Con medicinas comunes \_\_\_\_\_ Con medicinas recetadas

\_\_\_\_\_ Con inyecciones para neutralizar la alergia \_\_\_\_\_ No se puede tratar

\_\_\_\_\_ Otra forma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Debe la escuela tener reserva esa medicina? Si \_\_\_\_\_ No \_\_\_\_\_

La escuela tendra en reserva esa medicina si Usted ha completado el formulario *"Permiso Para Administrar Medicina"*. Usted puede obtener ese formulario llamando a los Servicios de Salud, 416-6034.

6. Tiene Usted alguna indicacion que hacer a la escuela en caso de emergencia? La escuela llamara *"911"* si un estudianted tien un problema serio.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Firma del Padre/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha \_\_\_\_\_\_\_\_\_\_\_