ALLERGY: food, insect, or medication	MLS Grade/Teacher:	McKinney Middle Grade:	YSHS Grade:

Student Name: Physician Name (for allergies):
Parent Name: Physicain Address:
Contact Phone Number: Physician Phone Number:

*** Complete & return to school nurse within TWO WEEKS to ensure proper health care plan can be established.
*** School records indicate an ANAPHYLACTIC/ALLERGY reaction to: food, insect, or medication
*** Important to updated health information each new school year.
*** It is the responsibility of parent/guardian to provide necessary medication, treatment equipment, special foods needed during the school day.
*** All students using prescribed inhalers must follow district guidelines for medication use
*** PLEASE NOTIFY SCHOOL NURSE IMMEDIATELY IF ANY CHANGE IN MEDICATIONS.
*** If more than one type of allergy, please use ONE FORM PER ALLERGY

TYPE of allergy student reacts to:

- ☐ Food (describe):
- ☐ Insect (describe):
- ☐ Medication (describe):
- ☐ Other:

Symptoms usually OBSERVED with allergy:

- ☐ Difficulty breathing
- ☐ Difficulty swallowing
- ☐ Loss of consciousness
- ☐ Nausea / vomiting
- ☐ Rash
- ☐ Skin changes
- ☐ Swelling of any kind/location (describe)
- ☐ Other:

*** Please describe any details of YOUR child's typical response to any/all symptoms (2):

Treatment plan for managing allergic reaction:

Taken @ school (1)	Medications:	How often?
Y / N		
Y / N		
Y / N		
Y / N		

The usual procedure followed at school for anaphylactic/allergic reaction is:
1. Observe for inadequate breathing, signs of shock, unusual swelling.
2. Administer prescribed medication for anaphylactic/allergic reaction (if available).
3. When symptoms worsen, call 911
4. Contact parent/guardian

(1) The district medication policy requires parental/guardian and physician/primary care provider signatures on district forms for all medications administered during school activities. Forms are available on school website and/or school office.
(2) Any treatments and/or activity restrictions require written directions from the students' physician/primary care provider.

Parent/guardian signature: Date:

FOR SCHOOL NURSE ONLY:

Nrsg Dx:
- ☐ Stable history
- ☐ Potential complications - anaphylaxis
- ☐ High risk - ineffective breathing pattern
- ☐ Other:

Plan:
- ☐ No ongoing nrsg mgmt at school indicated
- ☐ Standard procedure for allergic reaction
- ☐ Standard medication procedure
- ☐ Individualized IEP (refer to DASL)
- ☐ Training
- ☐ Other:

- ☐ Diagnose form complete
- ☐ NURSE review & Initials
- ☐ PRINCIPLE review
- ☐ HOMEROOM TEACHER review
- ☐ MEDICATION in MEDICATION DRAWER
- ☐ DASL updates
- ☐ FIELD TRIP list updated
- ☐ ANNUAL staff training
- ☐ NURSE: