

SHERWOOD CASS R/8 SCHOOL DISTRICT

ALLERGY FORM

Your child, \_\_\_\_\_ has been listed as being allergic to:

\_\_\_\_\_

Please fill out the form below and return to us as soon as possible so we will be prepared to handle an allergic reaction should it occur at school.

What type of reaction did your child have?

Hives/rash \_\_\_\_\_ Trouble breathing \_\_\_\_\_ Swelling \_\_\_\_\_

Please explain: \_\_\_\_\_

Medication to be taken if your child has an allergic reaction at school:

\_\_\_\_\_

**This medication will need to be available at school, in the nurse's office, at all times and possibly on the bus. If an Epi-Pen will be ordered, a 2<sup>nd</sup> page must be filled out by your family doctor and an Epi-Pen needs to be sent to keep in the nurse's office.**

Your name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dr. name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone number: \_\_\_\_\_

List 3 people we may contact if you are unavailable during an emergency:

1: \_\_\_\_\_ Phone number: \_\_\_\_\_

2: \_\_\_\_\_ Phone number: \_\_\_\_\_

3: \_\_\_\_\_ Phone number: \_\_\_\_\_

By signing below, I give my permission for this information to be shared with the staff of Sherwood School on a need to know basis.

Parent/guardian: \_\_\_\_\_ date \_\_\_\_\_