

Severe Allergy Update Form

2019 – 2020



Dear Parent/Guardian,

You have indicated on your student's registration form that they have been diagnosed with a severe allergy. In order to best anticipate their medical needs for the upcoming school year, please take a moment to answer the following questions so that we can update their medical protocol accordingly. You may have your child turn this form into the school office, or you may call our District Nurse at (503) 668-8011 ext. 7802 to update your student's plan.

Student Name: _____

Date of Birth: _____ **School:** _____

Allergy: _____

My child's allergy is life-threatening: YES NO

Date of last allergic reaction: _____

My child's symptoms included (circle all that apply):

MILD SYMPTOMS:

NOSE	MOUTH	SKIN	GUT
Itchy, runny nose	Itchy mouth	A few hives	Mild nausea
Sneezing	Slight swelling	Mild itch	Mild discomfort

SEVERE SYMPTOMS:

LUNGS	HEART	THROAT
Shortness of breath	Pale/bluish skin	Tight or hoarse
Wheezing	Dizziness/faintness	Trouble swallowing
Repetitive cough	Weak pulse	Trouble breathing
MOUTH	SKIN	GUT
Significant swelling of lips or tongue	Hives all over body	Repetitive vomiting
	Widespread redness	Severe diarrhea

How last reaction was treated: _____

My child has required an emergency room visit or hospitalization due to

allergies/anaphylaxis: YES NO Date: _____

My child also has asthma: YES NO

My child has been prescribed an epinephrine auto-injector: YES NO

If yes, please indicate brand of injector: _____

My child has had to use their epinephrine auto-injector in the past: YES NO

I will supply the school office with:

- Epinephrine auto-injector
- Antihistamine*
- Albuterol inhaler

My child can self-carry and self-administer:

- Epinephrine auto-injector
- Antihistamine*
- Albuterol inhaler

* Please indicate name of antihistamine and dose: _____

NOTE:

- ▶ Authorization forms must be signed by a parent or guardian before a staff member can give medication to your child.
- ▶ Authorization forms must be signed by a parent or guardian before a student is allowed to self-carry and self-administer any prescription and non-prescription medication.
- ▶ All medication must be in its newest original container with accurate label.
- ▶ All prescriptions must be written by Oregon-licensed physicians.
- ▶ All prescription and non-prescription medication must be transported to and from the school office by a parent.
- ▶ Please make sure that all emergency contact info is up-to-date in the school's main office.

Signature: _____ **Date:** _____