

# Notice of Allergy

## Seasons of Learning ECC

Place child's picture here

Child's Name: \_\_\_\_\_

Allergy to: \_\_\_\_\_ (list one allergy per form please)

Student's birthday: \_\_\_\_\_ Students teacher: \_\_\_\_\_

Is the child asthmatic? Yes No

### ACTION

1. If ingestion/sting/reaction is suspected/known, give \_\_\_\_\_  
medication/dose/route

and \_\_\_\_\_ immediately!

2. Call 911

3. Call Mother: \_\_\_\_\_ Call Father: \_\_\_\_\_  
alt # \_\_\_\_\_ alt # \_\_\_\_\_

or call emergency contacts listed below.

4. Call Dr. \_\_\_\_\_ at \_\_\_\_\_  
Phone # \_\_\_\_\_

### Emergency Contacts:

1. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent signature and date: \_\_\_\_\_/\_\_\_\_\_

Doctor signature and date: \_\_\_\_\_/\_\_\_\_\_

### Doctor's recommendations (to be completed by physician ONLY):

Is this allergy (circle all that apply) airborne / ingested / per instance(stings, bites, etc.)

### SYMPTOMS: (please check all that could apply)

\_\_\_ Mouth-- itching & swelling of the lips, tongue, or mouth  
\_\_\_ Throat-- itching and/or a sense of tightness in the throat, hoarseness, cough  
\_\_\_ Skin-- hives, itchy rash, and/or swelling about the face or extremities  
\_\_\_ Abdomen-- nausea, abdominal cramps, vomiting, and/or diarrhea  
\_\_\_ Lung-- shortness of breath, repetitive coughing, and/or wheezing  
\_\_\_ Heart-- "thready" pulse, passing out