



Notice of Allergy

Child's Name: _____

Place child's picture here

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: _____ alt # _____ Call Father: _____ 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