

SEVERE ALLERGY 2021-2022

Student's Name: _____

Student's Date of Birth: _____ Grade in 2021-2022: _____ School: _____

You have checked on school records that this student has a **severe or serious allergy**. A severe or serious allergy is considered to be an allergy that requires the immediate administration of medication to treat the allergic reaction. Possible severe allergic reactions include rapid, extensive swelling, difficulty breathing or other significant symptoms. Note: Students with severe allergies to medications can note that information on the registration form. These students are encouraged to wear medical alert bracelets.

It is important to have at least annual health information when a student needs help at school. **Please complete this form and return it to the school** so that a plan to help your child can be shared with identified school personnel. It is the responsibility of parents to provide necessary special food and medicine needed at school. If you have any questions, you may call the District Nurse at 503-769-4930.

Check Any Life-Threatening Allergy Your Child has:

- A. _____ Insect stings (list type) _____
- B. _____ Food (list type) _____
- C. _____ Animals (list type) _____
- D. _____ Other (please list) _____

Check to indicate the signs that are usually present during severe allergy attacks:

- | | |
|--|--|
| <input type="checkbox"/> Difficulty breathing
<input type="checkbox"/> Difficulty swallowing
<input type="checkbox"/> Loss of consciousness
<input type="checkbox"/> Swelling:
How much? _____
Where? _____ | <input type="checkbox"/> Rash
<input type="checkbox"/> Nausea
<input type="checkbox"/> Flushed or unusually pale skin color
<input type="checkbox"/> Other (please list/indicate): _____
_____ |
|--|--|

When was your child's last severe allergic reaction? _____

Describe treatment: _____

Allergies are currently being treated by Dr.: _____ Phone #: _____

Are medications prescribed to treat the allergy (ies)? _____ No _____ Yes (Please list below the medications needed).

School Must be provided with an Epinephrine Auto injector as prescribed. NOTE: Symjepi is NOT an Auto injector.

	Medication	Amount Taken	When
1.			
2.			
3.			

For students who are responsible enough to carry their own medications, self-medication forms must be completed in accordance with district policy. Generally, self-medication is limited to High School students.

Please advise the school immediately of changes in dose and/or type of medication.

The usual treatment at school for a student having a severe allergic reaction is to:

1. Assist student with the prescribed medication (a Severe Allergy Certified staff member gives epinephrine injections).
2. Observe the student for inadequate breathing; signs of shock; unusual swelling; and when observed, call 911.
3. Report to parent, arrange for student to be picked up promptly.

If you want additional help given, or have other concerns, describe here². (Please use another sheet of paper if needed.)

Parent Signature

Date

¹The district has a policy regarding taking medication at school. Please check with your child's school for direction.

²Tests and activity restrictions require written direction from the student's doctor.

NOTE: Student with seasonal allergies or other milder allergies parents should note this information on the registration form.