



# Medically Documented Life Threatening Allergy

(See Guidelines on Reverse Side)

## Part I- To be completed by parent/legal guardian:

Student \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Parent/ \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Legal Guardian

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Part II- To be completed by child's health care provider:

This child has a documented life threatening allergy(s) to: \_\_\_\_\_

This child may experience the following symptoms when exposed to the allergen(s): \_\_\_\_\_

The time from exposure to onset of symptoms is: \_\_\_\_\_

Actions to take if **exposure is suspected** (include time factors): \_\_\_\_\_

Actions to take if **exposure is known** (include time factors): \_\_\_\_\_

Is this child Asthmatic? Yes\* \_\_\_\_\_ No \_\_\_\_\_ (\* Higher risk for severe reaction)

Student and parent/legal guardian have been instructed by me on the above allergy(s) and actions to take if exposed or exposure suspected.

I recommend that this student wear medical identification for this medically documented life-threatening allergy.

Health Care Provider's Name \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Health Care Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Part III- To be completed by school office:

Original form to be filed in Medication Administration Binder with completed *Medication Request and Authorization* form.

A copy of this form is:  to be given to school's head cook and District Food Services Manager (food allergies only)

to be given to District school nurse

to be filed in student's health file in cumulative folder