



**Allergy Form**

SEVERE ALLERGY TO: \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Other Allergies	Reaction
1. _____	_____
2. _____	_____
3. _____	_____

**Diet Restrictions:** (Parents should monitor school lunch menus or provide food, child will self monitor food choices, teacher will assist child unable to self select food choices.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY TREATMENT**

If the child experiences mild symptoms of:

- |               |    |                                     |
|---------------|----|-------------------------------------|
| several hives | OR | swelling at site of an insect sting |
| itchy skin    | OR | if an ingestion is suspected        |

**TREATMENT**

- 1 Send child to the office ACCOMPANIED.
- 2 Give dose of antihistamine if prescribed
- 3 Contact the parents
- 4 Monitor symptoms

**SYMPTOMS THAT CAN CAUSE LIFE THREATENING REACTION**

- Hives spreading over the entire body
- Wheezing, difficulty breathing/swallowing
- Swelling of face, tingling /swelling of tongue
- Vomiting
- Loss of consciousness
- Signs of shock (extreme paleness, gray skin color, clammy skin)