



Tippencaoe School Corporation
21 Elston Road
Lafayette, IN 47909

To the parent/guardian of \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

You have indicated on school records that this student has a severe or serious allergy. It is important to have at least annual health information when s/he needs help at school. Please complete this form and return it to the school nurse tomorrow so 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 nurse at the student's school.

CHECK ANY ALLERGY YOUR STUDENT HAS:

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

INDICATE THE SIGNS THAT ARE USUALLY PRESENT DURING ALLERGY ATTACK by placing letter(s) of the allergies checked above beside the signs listed below:

- difficulty breathing rash nausea
difficulty swallowing flushed or unusually pale skin color
loss of consciousness cough sneezing
swelling how much? where?
other (list)

Has emergency medical treatment been needed in the past year for allergies? No Yes When?
Allergies are currently being treated by Dr. Phone:

ARE MEDICATIONS NEEDED TO CONTROL THE ALLERGY(IES)? No Yes (list below)

Table with 3 columns: MEDICATION, DOSE, TIME. Rows 1-4.

Circle the number of any medication that needs to be given at school. \*

PLEASE ADVISE THE SCHOOL NURSE IMMEDIATELY OF CHANGES IN MEDICATION AND/OR DOSE

THE USUAL TREATMENT AT SCHOOL FOR A STUDENT HAVING A SEVERE ALLERGIC REACTION IS:

- 1. Allow student to use his/her prescribed medication with assistance as needed.
2. Observe the student for inadequate breathing, signs of shock, unusual swelling; call 911 if noted.
3. Notify parent.

If you want additional help given or have other concerns, describe them here: \*\*

DOES YOUR CHILD HAVE AN ALLERGY ACTION PLAN IN PLACE? Yes No

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

REMEMBER TO ADVISE THE SCHOOL IMMEDIATELY OF CHANGES IN PHONE NUMBERS, ADDRESS, RESPONSIBLE EMERGENCY CONTACT PERSONS, DOCTOR, OR HOSPITAL PREFERENCES.

\* TSC has a policy regarding taking medication for school. Please check with your child's school for direction.
\*\* Tests and activity restrictions require written direction from the student's doctor.