

St. James' Nursery School

Student Allergy and/or Asthma Information Sheet

Parents:

Please complete this form and return it as soon as possible, even if your child has no known allergies. Allergies, especially food allergies, are dangerous. *Please contact the office whenever a change occurs in your child's allergy status.* This form is required for all students attending St. James' Nursery School.

If your child's allergy requires treatment, such as epi pen, antihistamine or other medication, please complete the form below and the Allergy Action Plan (page 2). A doctor's signature is required.

If your child has asthma, please indicate below. If your child may require medication or treatment in the classroom, please complete an Asthma Action Plan available in the office.

Each required medication must have a completed medication form. Completed forms and medications must be in the classroom in order for child to attend. Medication forms can be found on our web site, www.stjamesnurseryschool.com, or in the office.

Any treatment needed for allergic reaction or asthma, such as an epi pen or other medication, should also be detailed on the child's emergency card.

Thank you for your cooperation!

Child's Name: _____ Date of Birth: _____

_____ No Allergies(check if no allergies)

Food Allergies(be specific): _____

Asthma: _____

Drug Allergies: _____

All Other Allergies: _____

Dietary Restrictions(vegetarian, lactose, intolerance, etc.): _____

Comments: _____

I give my consent for allergy information about my child to be posted as necessary at St. James' Nursery School.

Parent/Guardian's Signature _____ Date _____

Annual Updates _____

Allergy Action Plan
Must be accompanied by a Medication Authorization Form (OCC 1216)



CHILD'S NAME: _____ Date of Birth: _____

ALLERGY TO: _____

Is the child Asthmatic? No Yes (If Yes = Higher Risk for Severe Reaction)

TREATMENT

Symptoms: The child has ingested a food allergen or exposed to an allergy trigger:	Give this Medication	
	Epinephrine	Antihistamine
But is <i>not</i> exhibiting or complaining of any symptoms		
Mouth: itching, tingling, swelling of lips, tongue or mouth ("mouth feels funny")		
Skin: hives, itchy rash, swelling of the face or extremities		
Gut: nausea, abdominal cramps, vomiting, diarrhea		
Throat*: difficulty swallowing ("choking feeling"), hoarseness, hacking cough		
Lung*: shortness of breath, repetitive coughing, wheezing		
Heart*: weak or fast pulse, low blood pressure, fainting, pale, blueness		
Other:		
If reaction is progressing (several of the above areas affected)		

*Potentially life-threatening. The severity of symptoms can quickly change.

*IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

Medication	Dose:
Epinephrine:	
Antihistamine:	
Other:	

Doctor's Signature

Date

EMERGENCY CALLS

1) Call 911 (or Rescue Squad) whenever Epinephrine has been administered. 2) Call the parent. State that an allergic reaction has been treated and additional epinephrine may be needed. 3) Stay with the child.

Doctor's Name: _____

Phone Number: _____

Contact(s)	Name/Relationship	Phone Number(s)	
		Daytime Number	Cell
Parent/Guardian 1			
Parent/Guardian 2			
Emergency 1			
Emergency 2			

***EVEN IF A PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE AND CALL 911.**

Health Care Provider and Parent Authorization for Self/Carry Self Administration
I authorize the child care provider to administer the above medications as indicated. Students may self carry/self administer [school-aged only] yes No

Parent/Guardian's Signature

Date

