



ALLERGY NOTIFICATION FORM- DR.'s OFFICE TO COMPLETE

Child's Name: \_\_\_\_\_ GRADE \_\_\_\_\_

Allergy to: \_\_\_\_\_ (list one allergy per form please)

Is the child asthmatic? Yes No

Action Plan

1. If ingestion/sting/reaction is suspected/known, give \_\_\_\_\_ (medication/dose/route)

2. Call 911 OR ELM GROVE EMS/POLICE/FIRE Direct #262-786-4141

3. Call Mother: \_\_\_\_\_ alt # \_\_\_\_\_ Call Father: \_\_\_\_\_ alt # \_\_\_\_\_ (or call emergency contacts listed below)

4. Call Dr. \_\_\_\_\_ Office Name \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contacts:

- 1. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's recommendations: (to be completed by physician only)

Is this allergy (circle all that apply) airborne / ingested / per instance (stings, bites, etc.)

Symptoms: (please check all that could apply)

- Mouth-- itching & swelling of the lips, tongue, or mouth
Throat-- itching and/or a sense of tightness in the throat, hoarseness, cough
Skin-- hives, itchy rash, and/or swelling about the face or extremities
Abdomen-- nausea, abdominal cramps, vomiting, and/or diarrhea
Lung-- shortness of breath, repetitive coughing, and/or wheezing
Heart-- "thready" pulse, passing out