

Students that have any allergy that falls in any category of airborne, ingest or per instance need to complete this form and return it to the school office, along with medication to mitigate any reaction.

Please complete this form under the direction of child's doctor.

To Be Completed by Parent/Guardian

Child's Name

Date

Allergy
(One allergy per form)

In the event that this student experiences an allergic reaction while at school or extracurricular activities, please complete the following response action plan for Elm Grove Lutheran School to follow.

1. If ingestion/sting/reaction is suspected and/or known, give _____ medication/dose/route immediately.
2. Call 911
3. Call (immediately) Father Mother Guardian Phone #: _____
4. Alternate #: _____
5. If unable to contact person above, call Father Mother Guardian Emergency Contact
Phone #: _____ Alternate #: _____
6. Call Dr. _____ at _____ Name of Clinic
Phone #: _____

Emergency Contacts

Name Relation Phone #

Name Relation Phone #

Parent/Guardian Signature _____ Date

To Be Completed By Physician

Is this student asthmatic? Yes No

Is this allergy (check all that apply) airborne ingested per instance (sting, bites, etc.)

Symptoms (please check all that could apply)

- Mouth: itching and swelling of the lips, tongue or mouth
- Throat: itching and/or a sense of tightness in throat, hoarseness, cough
- Skin: hives, itchy rash and/or swelling of 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

Physician's Signature _____ Date