

EDMONDS SCHOOL DISTRICT NO. 15, EDUCATION HEALTH SERVICES
 LYNNWOOD, WA 98036-7400
 Educational Health Services
ALLERGIC REACTION FORM

Student Name:	Birthdate:	Date:
School:	Grade:	

DIRECTIONS: Please fill in your student’s allergies in the following boxes. Check the severity of reaction and symptoms present. Examples are food allergies, animal allergies, insect allergies (wasps, bees, hornets, fire ants), or latex allergies. You can use one box for a number of allergies if the severity and symptoms are the same. **Please return ASAP.**

Severity of reaction

Allergy to:	Mild	Moderate	Severe	Symptoms: check all that apply
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> itching <input type="checkbox"/> hives <input type="checkbox"/> eczema <input type="checkbox"/> nausea <input type="checkbox"/> rash: <input type="checkbox"/> tingling <input type="checkbox"/> wheezing <input type="checkbox"/> difficulty breathing <input type="checkbox"/> cramps <input type="checkbox"/> dizziness <input type="checkbox"/> vomiting <input type="checkbox"/> diarrhea <input type="checkbox"/> swelling: where: <input type="checkbox"/> other:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> itching <input type="checkbox"/> hives <input type="checkbox"/> eczema <input type="checkbox"/> nausea <input type="checkbox"/> rash: <input type="checkbox"/> tingling <input type="checkbox"/> wheezing <input type="checkbox"/> difficulty breathing <input type="checkbox"/> cramps <input type="checkbox"/> dizziness <input type="checkbox"/> vomiting <input type="checkbox"/> diarrhea <input type="checkbox"/> swelling: where: <input type="checkbox"/> other:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> itching <input type="checkbox"/> hives <input type="checkbox"/> eczema <input type="checkbox"/> nausea <input type="checkbox"/> rash: <input type="checkbox"/> tingling <input type="checkbox"/> wheezing <input type="checkbox"/> difficulty breathing <input type="checkbox"/> cramps <input type="checkbox"/> dizziness <input type="checkbox"/> vomiting <input type="checkbox"/> diarrhea <input type="checkbox"/> swelling: where: <input type="checkbox"/> other:

How many times has your student had a reaction? _____ When was the last time? _____

Are the reactions: Staying the same Getting worse Getting better

How soon did the reaction occur after contact with allergen? Seconds Minutes Hours Days

What was the first symptom, next symptom, etc and time from exposure: _____

Did you give medication? No Yes: what and how soon after reaction? _____

Did the medication resolve the reaction? _____

Has your student ever needed treatment at a clinic or the hospital for an allergic reaction? No Yes: describe: _____

Has your student had allergy testing? No Yes: when/where? _____

Has your student had immunotherapy? No Yes: when/where? _____ for how long? _____

Does your student have an EpiPen? No Yes: How many times was it given before symptoms subsided? _____

EpiPen: A student must have access to an epinephrine injector at all times during the school day or school sponsored events. That means that your student should have stored medication in the office or be carrying their medication at school and if attending events sponsored by the school district outside of the school day! WE PREFER BOTH!

Check all that apply: Injectors and inhalers must be unexpired through end of school year!

If storing: must send all meds to school by August 21st, if carrying, student will be called down 1st day of school to check he/she has it and expiration date. If no meds, parent will be called and student to be sent home immediately.

Store in office: Epinephrine: 1 or 2 (circle) Albuterol inhaler Antihistamine: _____

Carry on person **at all times:** Epinephrine: 1 or 2 (circle) Albuterol inhaler Antihistamine: _____

Where will the medications be on the student? Purse Back pack Other _____

High school students attend daytime and overnight field trips at times and teachers, who have been trained in administering medication and recognizing signs/symptoms of an allergic reaction, can't always be in the immediate vicinity of your student at all times. **Can your student carry and self-administer medication and independently manage his/her allergies?** Yes No: Will you attend the field trip? Yes No: contact nurse and teacher

Does your student have asthma? No Yes: what are triggers? _____

Daily asthma medications? No Yes: what meds? _____

Last time used albuterol inhaler _____ How often is inhaler used? _____

Environmental allergies? No Yes: what? _____

On daily or as needed meds for allergies? No Yes: what? _____

Can your student self-monitor his/her allergies competently and independently? No Yes

Is your student involved in **school sponsored** after school activities/sports? No Yes: **what?** _____

****If so, it is your responsibility to inform coach/advisor of your student's medical condition. If you inform the nurse, the car plan will be distributed to coach/advisor, if indicated.****

IF STUDENT HAS A MODERATE- SEVERE ALLERGY, STRICT AVOIDANCE OF FOOD IS THE ONLY WAY TO KEEP THEM SAFE, THUS WE ASK PARENTS TO SEND IN FOOD FOR THEIR STUDENT: LUNCH/SNACKS

Does your student follow the "no trade" rule for food and utensils at school? No Yes

Will your student buy lunch: You must review the Allergy Information for Lunch Items on district webpage (www.edmonds.wednet.edu)> Our Departments and Programs> Food Services or ask for copy in office bring lunch both

Do you review the lunch menu/website monthly if your student buys lunch? New items are posted in 4 week cycles No Yes

Can your student read labels and determine with certainty if the food is allergen free? No Yes (**teachers do not read labels to determine this**). *Teachers cannot determine if homemade treats sent in with students to share in the class are allergen free.*

If you student has an allergy to eggs: N/A Yes Can he/she eat eggs in baked goods? No Yes

Are there any baked goods or other food products (if OK to eat eggs in baked goods) your student CANNOT have?

No Yes: Name: _____

❖ **List primary care doctor and/or specialists involved in your child's care**

Physician	Type of MD	Date last seen	Phone Number

Does your student have health insurance? No Yes: what? _____

Dental insurance? No Yes: what? _____ Dentist: _____

❖ **Please list who you want contacted if needed with home/work/cell phones: Place in order of # you want called 1st, 2nd, etc.**

1. Name:	Relationship:	Phone numbers: 1. () / 2. () / 3. () /
2. Name:	Relationship:	Phone numbers: 1. () / 2. () / 3. () /

❖ **Student Health Education: Please review topics with your student and write in date of review: this is REQUIRED**

Topic	Taught	Topic	Taught
Food allergies: “No trade rule”, wash hands before and after eating, discuss if able to eat offered foods or food off of menu, safe and unsafe foods, keep hands out of mouth (to prevent ingestion)		Bee sting allergies: flick stinger (don’t squeeze), Ice pack area, don’t elevate area if limb, don’t run away from area after sting (walk slowly), don’t wear cologne/perfume	
We don’t “wait and see” to give the Epipen, it must be given immediately and antihistamine, if ordered, is given after the epinephrine!		Medications: purpose, how to use, dose, frequency, effectiveness, side effects	
Office staff to come to you but if unable, go directly to office/health center with someone!		Signs/symptoms of reaction: this is critical for student to be able to recognize a reaction!	
Always tell an adult if reaction right away!		Epinephrine: how to use/demo with trainer	
Send in Epinephrine before school		UNEXPIRED Epinephrine through end of school year	
Overnight and daytime field trips: Student to inform roommates and/or group mates of allergen and possible need for medication, location of medication, and the need to call 911 if medication is administered, as teacher is not always in immediate vicinity. Keep care plan on person and share with those other students. Review with your student an emergency response plan (contacting teacher/911/parent, etc.)			

Parent/Guardian Signature/ Relationship

Parent e-mail

Date