



# Parent/Guardian Information on Child's Life-Threatening Allergy

Dublin City Schools is committed to providing a safe and healthy learning environment for all students so they can participate fully in school activities. In order to do so, the following allergy information will be helpful for the school nurse to develop and/or update a school health care plan for your child as applicable.

- **Please return the completed form to the school clinic.**

Student's Name	Birthdate	School	Grade	School Year
Name of Health Care Provider Managing Child's Allergy			Phone Number	
Parent/Guardian Signature			Date	

1. Please list the food(s), insect(s), or substance(s) your child is allergic to, the age of your child when diagnosed, and the symptoms/ treatment of your child's previous allergic reaction(s)

Type of allergy noted	Age	Symptoms and treatment
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

2. Please fill in the history of your child's most recent allergic reaction(s) if different than #1 above.

Date	Reaction to	Symptoms and treatment
a. _____	_____	_____
b. _____	_____	_____

3. Please explain the sequence of events for your child's MOST SERIOUS allergic reaction.

- Symptoms occurred after exposure to: \_\_\_\_\_
- Time after exposure before symptoms started: \_\_\_\_\_
- Initial symptoms and treatment: \_\_\_\_\_
- Progressive symptoms and treatment: \_\_\_\_\_

4. Has your child been prescribed an epinephrine auto-injector?  Yes  No  
If yes, at what age and how many times has the auto-injector had to be administered? \_\_\_\_\_ age \_\_\_\_\_ # times

5. Will your child require medication at school to treat an allergic reaction?  Yes  No

6. To assist in your child's after-school safety, please list school-sponsored activities your child plans to participate in this school year (clubs and/or sports activities). (Note: A separate epinephrine autoinjector must be provided to the coach or advisor of these activities.)

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7. Please share any other information you believe will assist school staff in caring for your child.

8. Does our child need to sit at a Peanut/Nut free table for lunch?  Yes  No

NOTE: If your child requires medication at school, medication forms for an epinephrine auto-injector and diphenhydramine can be downloaded from the district's web site. These forms are also available in the school clinic. Parents must bring the completed forms, along with the medications to treat your child's allergic reaction, to the school clinic.