



**INDEPENDENT SCHOOL DISTRICT OF BOISE CITY
PARENT CONTACT REGARDING STUDENTS WITH ALLERGIES**

Date _____ School _____ Grade _____

Dear Parent/Guardian:

We are reviewing health records for students with severe allergy problems. Please help us by completing this form and returning it to school if your child has severe allergies and may need assistance at school.

In the event your student has an allergic reaction at school, he/she will be given first aid and you will be notified immediately. The rescue squad will be requested to respond if necessary.

Thank you,

(Signature)

Student's Name _____ DOB _____ H Phone _____

Parent's Name _____ W Phone Mother _____

Address _____ W Phone Father _____

If parents are not available, call _____ , _____
(name) (phone)

Physician's name _____ Phone _____

Address _____

Date of last medical assessment for allergy? _____

Date of next scheduled doctor's appointment for allergy follow-up? _____

A. Description of Allergy in your student:

1. Please check what your student is allergic to. (check more than one if necessary)
 - insect sting (specify type _____)
 - food (specify type _____)
 - pollens
 - dust
 - grass
 - animals
 - other (specify _____)

2. Please check which signs and symptoms are usually associated with your student's allergy attack. If you have checked more than one allergy, please place the numbers of the allergies involved beside the signs and symptoms listed below.
- | | | |
|--------------------------|---|----------|
| coughing | bluish color of skin/nails | wheezing |
| hoarseness | shortness of breath | nausea |
| difficulty in swallowing | swelling of all body parts | itching |
| loss of consciousness | swelling of tongue | rash |
| abdominal pain | swelling at local contact site (i.e., eyelid with pollen allergy, swelling about bee stings, etc) | |
3. If you have checked that your student has pollen, grass, or dust allergies, please check the usual time of year the allergy reactions occur.
- Spring Summer Winter Fall

B. Recommended Procedures:

1. In the event that your student has any severe problems such as breathing problems lasting longer than 2 minutes, swelling of the tongue or all body parts, or loss of consciousness, the usual procedure is to:
1. Call the Rescue Unit (911) and parent.
 2. Assist student to take any prescribed medication directed by you and the student's doctor for his allergic reaction.
2. If you would like us to take other steps or include additional steps in helping your student during the allergic reaction, please list the steps here
- _____
- _____
3. Please tell us which hospital you would prefer your student be taken to if he/she needs to be transported _____

C. Medication Information:

1. Name of medication? _____
 2. Route of administration (inhaled, oral, etc.) _____
 3. At what time(s) taken? _____
 4. Dosage? _____
 5. Needed at school? *Yes _____ No _____
If yes, when does medication need to be given? _____
- *Signed parental consent for medication and instructions signed by a physician must be on file at school and updated yearly. (See enclosed)

D. Other Comments:

Please list any special comments/directions you wish us to be aware of regarding your student. (If there are any P.E. limitations, the doctor's written directions must be returned to school.) _____

Parent's signature _____ Date _____