

School Year: _____

Notice of Allergy - Immanuel Lutheran School - Belvidere

Child's Name: _____

Allergy to: _____ (list one allergy per form please)

Student's birthday: _____

Student's teacher: _____

Is the child asthmatic? Yes No

ACTION

1. If ingestion/sting/reaction is suspected/known, give _____
and _____^{medication/dose} immediately!

2. Call 911

3. Call Mother: _____ Call Father: _____
alt # _____ alt # _____

or call emergency contacts listed below.

4. Call Dr. _____ at _____
Phone # _____

Emergency Contacts:

1. _____ Relation: _____ Phone: _____

2. _____ Relation: _____ Phone: _____

Parent signature and date:

_____/_____

Doctor signature and date:

_____/_____

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