

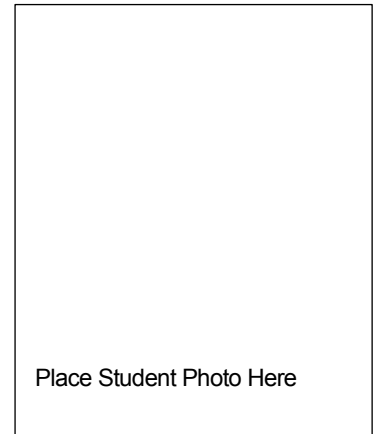


This form must be completed by a parent/legal guardian or independent student when a student's attendance at school is affected by a dangerous, life-threatening allergy. The information gathered in this form must be reviewed (and confirmed or updated) annually or sooner if the student's condition changes.

STUDENT'S NAME: _____

ALLERGY – DESCRIPTION:

This student has a **DANGEROUS**, life-threatening allergy to the following:



All substances containing them in any form or amount, including the following kinds of items:

AVOIDANCE

The key to preventing an emergency is **ABSOLUTE AVOIDANCE** of these allergens at all times.

GENERAL PRECAUTIONS: _____

If assistance with administering medication may be required, complete **Request for Assistance to Administer Medication Form**.

SYMPTOMS FOLLOWING EXPOSURE TO A PARTICULAR MATERIAL CAN INCLUDE:

- Hives and itchiness on any part of the body
- Nausea, vomiting, diarrhea
- Difficulty breathing or swallowing
- Panic or sense of doom
- Other (please specify)**
- Swelling of any body parts, especially eyelids, lips, face or tongue
- Coughing, wheezing or change of voice
- Fainting or loss of consciousness
- Throat tightness or closing

EMERGENCY MEASURES

- Get EpiPen® (epinephrine) or other **Medication** and administer immediately.
- **HAVE SOMEONE CALL AN AMBULANCE** and advise of need for an **EpiPen® (epinephrine)**.
- Unless student is resisting, lay student down, tilt head back and elevate legs.
- Cover and reassure student.
- Record the time at which **EpiPen® (epinephrine)** was administered.
- Have someone call the parent. If the ambulance has not arrived in 10-15 minutes, and breathing difficulties are present, administer a second **EpiPen® (epinephrine)**.
- Even if symptoms subside, students require medical attention because there may be a delayed reaction, take the student to the hospital immediately in the ambulance.
- If possible, have the parent or a school staff member accompany the student to the hospital.
- Provide ambulance and/or hospital personnel with a copy of the Severe Allergy Alert Form for the student, and the time at which the **EpiPen® (epinephrine)** or **Medication** was administered.

I understand why I have been asked to disclose the above student's identifying information and I am aware of the risks or benefits of consenting or refusing to consent to the disclosure. I voluntarily give the school consent to place a copy of this form in the student's cumulative student record, post this form including student's picture in appropriate locations within the school, take the Emergency Measures and share this information, as necessary, with the staff of the school and health providers.

Name of Parent/Guardian or Independent Student (please print)	Signature of Parent/Guardian or Independent Student	Date:
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Post in appropriate locations within the school following Parent/Legal Guardian or Independent Student consent.