ALLEGIANCE STEAM ACADEMY

ALLERGIC REACTION HISTORY/UPDATE

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To the Parent/Guardian of _____ Grade _____Home Rm/Teacher _____

According to school records your child has a history of allergic reactions. The school needs the following information so that we can be ready to assist your child in case of a reaction to those allergens (food, insect sting, environmental). Immediate care may be of an emergency nature.

1. My child is allergic to the following: _____
2. Type of reaction:
   - ☐ Rash
   - ☐ Swelling
   - ☐ Trouble breathing
   - ☐ Tightness of the throat
   - ☐ Nausea/Vomiting
   - ☐ Other _____
3. Was your child seen by a doctor or a hospital emergency room for this?
   - ☐ Yes
   - ☐ No
4. What treatment was given?
   - ☐ Benadryl
   - ☐ Steroid
   - ☐ Epi-Pen
   - ☐ Other _____
5. Has your child had allergy desensitization treatments (allergy shots)?
   - ☐ Yes
   - ☐ No
6. Do you have medication(s) at home in case of an allergic reaction?
   - ☐ Yes
   - ☐ No
   - ➢ If yes, when was it last administered? _____

Date Began	Medication	Dosage	Route	Frequency/Indications for use

Print Parent/Guardian Name _____ Signature_____

Contact Phone Number _____ Date _____

PLEASE RETURN THIS FORM TO THE SCHOOL HEALTH OFFICE

If your student requires medication at school, please see the school health office or school website for required forms

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