

**EDMONDS SCHOOL DISTRICT NO. 15, HEALTH SERVICES
ALLERGIC REACTION UPDATE FORM**

Student Name:	Birthdate:	Date:
School:	Grade:	

DIRECTIONS: This form is to get an **UPDATE** on your student's health status. **Please return ASAP.**

What is your student allergic to (to assure accuracy year to year)? _____

Has your student had any allergic reactions in the past year? No Yes: **please complete below.**

Detail the reaction: be specific: write how soon the reaction occurred and what the first symptom was, next symptom and time from exposure, etc., what were the interventions (medication) and how soon after exposure it was given, where the student was etc, was 911 called: _____

Has any thing changed regarding the allergy? (new allergy testing, seen the doctor, change in orders, medications, etc)
 No Yes: _____

When was the last allergic reaction? _____ **When was allergy testing done last?** _____

EpiPen: A student must have access to an epinephrine injector at all times during the school day or school sponsored events. That means that your student should be storing the medication in the office, and/or carrying their medication at school/if attending events sponsored by the school district outside of the school day! We prefer both!

If storing: must send all meds to school by August 21st, if carrying, student will be called down 1st day of school to check he/she has it and expiration date. If no meds, student to be sent home immediately.

WE PREFER THAT STUDENTS BOTH STORE AND CARRY epinephrine but at least one must be done:

*Check all that apply: **Injectors and inhalers must be unexpired through end of school year!***

Store in office: EpiPen: 1 or 2 (circle) Albuterol inhaler Antihistamine: _____

Carry on person at all times: EpiPen: 1 or 2 (circle) Albuterol inhaler Antihistamine: _____

Where will the medications be on the student? Purse Back pack Other _____

High school students attend daytime and overnight field trips at times and teachers, who have been trained in administering medication and recognizing signs/symptoms of an allergic reaction, can't always be in the immediate vicinity of your student at all times. Can your student carry and self-administer medication and independently manage his/her allergies?

Yes No: Will you attend the field trip? Yes No: contact nurse and teacher

Does your student have health insurance? No Yes: what? _____

Dental insurance? No Yes: what? _____ Dentist: _____

Does your student have asthma? No Yes: what are triggers? _____

Daily asthma medications? No Yes: what meds? _____

Last time used albuterol inhaler _____ How often is inhaler used? _____

Environmental allergies? No Yes: what? _____

On daily or as needed meds for allergies? No Yes: what? _____

If you student has an allergy to eggs: N/A Yes:

Can he/she eat eggs in baked goods? No Yes

Are there any baked goods or other food products (if OK to eat eggs in baked goods) your student CANNOT have?

No Yes: Name: _____

❖ **List primary care doctor and/or specialists involved in your student's care**

Physician	Type of MD	Date last seen	Phone Number

❖ **Please list who you want contacted if needed, prioritizing the #'s to be tried 1st, 2nd, etc.**

1. Name:	Relationship:	Phone numbers: 1. () / 2. () / 3. () /
2. Name:	Relationship:	Phone numbers: 1. () / 2. () / 3. () /

Is your student involved in **school sponsored** after school activities/sports? No Yes: **what?** _____

****If so, it is your responsibility to inform coach/advisor of your student's medical condition. If you inform nurse, the care plan will be distributed to coach/advisor, if indicated.****

Student Health Education: Please review topics with your student and write in date of review: this is REQUIRED

Topic	Taught	Topic	Taught
Bee sting allergies: flick stinger (don't squeeze), Ice pack area, don't elevate area if limb, don't run away from area after sting (walk slowly), don't wear cologne/perfume			
We don't "wait and see" to give the EpiPen, it must be given immediately and antihistamine, if ordered, is given after the epinephrine!		Medications: purpose, how to use, dose, frequency, effectiveness, side effects	
Office staff to come to you but if unable, go directly to office/health center with a responsible adult/student!		Signs/symptoms of reaction: this is critical for student to be able to recognize a reaction!	
Always tell adult if reaction right away!		EpiPen: how to use/demo with trainer	
Send in EpiPen by August 19^h		UNEXPIRED EpiPen through end of school year	
<p>Overnight or daytime field trips: Students at the high school level are more independent and go on more frequent field trips, including out of state field trips. Often there are many students attending which prevents the teacher from being with all students at all times. Your student may be without the direct oversight of an adult trained in using epinephrine or recognizing signs and symptoms of a severe allergic reaction. If it is not acceptable to you that your student is totally independent in the management of his/her allergies, please contact nurse and teacher Acceptable: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Overnight and daytime field trips: If it is acceptable to you that your student is totally independent in the management of his/her allergies: Tell your student to inform roommates/group mates of allergen and possible need for medication, location of medication, and the need to call 911 if medication is administered, as teacher is not always in immediate vicinity. Teacher will give your student his/her cell phone number for easy contact. A copy of the Emergency Care Plan will be given to your student and the teacher will have one as well. Student to share ECP with roommates/group mates.</p>			

Parent/Guardian Signature/ Relationship

Parent e-mail

Date