



Botkins Local School

404 E. State St.

Botkins, OH 45306

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### Allergy/Anaphylactic Reaction History

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

According to our records you have informed the school that your child has a history of allergic/anaphylactic reactions. Please complete the information below. This will help school staff members know more about how your child reacts to their medical condition. Please return this form to the clinic to be added to your child's confidential health record. The nurse will inform all appropriate staff regarding this information.

**Allergies List type List Reaction How do you treat reaction?**

Insect sting \_\_\_\_\_

Animals \_\_\_\_\_

Food \_\_\_\_\_

Other \_\_\_\_\_

Signs of allergic reaction:

\_\_\_\_ Difficulty breathing      \_\_\_\_ Pale skin      \_\_\_\_ Swelling/where? \_\_\_\_\_

\_\_\_\_ Rash      \_\_\_\_ Loss of Consciousness

\_\_\_\_ Nausea      \_\_\_\_ Difficulty swallowing      \_\_\_\_ Flushed skin

\_\_\_\_ Other \_\_\_\_\_

Does student have an Epi-Pen? \_\_\_\_ yes \_\_\_\_ No

If you plan to have medication available at school, medication forms must be completed and signed by you and a physician. This form is required by school board policy before any medication can be given.

If a reaction occurs at school, your child will be given basic first aid. You will be notified. If necessary, your child will be transported by rescue squad to the nearest hospital as designated on the student's emergency medical form.

Please contact the nurse for any questions.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physicians Address

\_\_\_\_\_  
Physicians Telephone Number