



## PARENT INFORMATION FORM FOR ALLERGIES

20\_\_ to 20\_\_ School Year

Student Name:	Specific Allergen:
Life Threatening Allergy: Yes / No  Has Epi pen® been prescribed: Yes / No  Does student self-carry Epi pen®: Yes / No	Describe symptoms of exposure:
What is treatment for exposure (if Epi pen® has not been prescribed)?	Can student identify symptoms to exposure?  Yes / No

The nature of exposure: (check all applicable)

<input type="checkbox"/> Physical contact with this allergen may cause a reaction.	<input type="checkbox"/> Airborne contact with this allergen may cause a reaction.
<input type="checkbox"/> Ingestion of food may cause a reaction.	<input type="checkbox"/> Other (please explain):

If recommended treatment of accidental exposure is epinephrine, an Allergy Action Plan must be completed by a medical provider. The CCA action plan may be substituted by provider's own specific plan.

Prevention strategies:

- Parent to consider use of Medic Alert Bracelet if allergy is severe
- Child's picture sent from home to be included in medical binders
- Parent has primary responsibility to educate child to allergy(ies), prevention, potential exposure, symptoms, immediately seeking adult for exposure or symptoms and, age appropriately/maturity, self administration of auto-injector if needed

Specific prevention strategies for my child: (check all applicable):

- Allergy-free lunch table
- Child to eat only snacks and school lunches provided by parent
- Allergy Action Plan (Required if EpiPen® or EpiPen Jr prescribed)
- For field trips, send:  Medication(s)  Wipes  Allergy Action Plan
- Latex-free products
- Child to be allowed indoor recess during bee/wasp season
- Other (Please be specific):

Comments:

The above information is accurate to the best of my knowledge. I understand my role in partnering with CCA to protect my child from accidental exposure.

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Parent/Guardian Signature

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Date