

St. Michael Catholic School
Allergy and Asthma Information

Student's Name _____ Date of Birth: _____

This form allows you to disclose whether your child has a food or insect allergy, or suffers from asthma. If you believe this information should be disclosed to the school in order for school personnel to take the necessary precautions for your child's health and safety, please complete and return to the school office prior to the first day of school.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic including the nature of your child's allergic reaction to the food.

Also, please list any insect bites or stings to which your child is allergic or severely allergic including the nature of your child's allergic reaction to the insect bite or sting. Please note that minor redness, itching, or swelling would not include a severe, life-threatening allergy.

Food/Insect Bite or Sting (List each)	Nature of allergic reaction to the food, bite, or sting

_____ I have provided the school with the prescribed emergency treatment for reaction to the above documented allergy to food, insect bite, or sting and included the prescribed treatment as indicated by the medical professional. (Example: Epi pen, Benadryl) Complete and attach the *Request for In-school Administration of Medication* form.

My child suffers from asthma. (Circle one) yes no

_____ I have provided an inhaler to the school with instructions from the doctor regarding its usage. I have also completed and attached the *Request for In-school Administration of Medication* form.

_____ My child does not require an inhaler during the school day.

Parent/Guardian Name: _____

_____ Date _____ Phone #: _____

Parent/Guardian Signature

Date form was received by the school: _____