

Medical/Allergy Alert

NOTE: If any of the situations below are applicable to your child for the School District to implement, you must supply a detailed Physician's Note on any asthma condition, medical condition, and/or allergies/allergic reactions. When it comes to a life threatening allergy a medical statement (form supplied by enrollment personnel) must be filled out by a physician and returned to school personnel.

Student's Name
Birth Date:
School:
Teacher:
Grade:

My Child Has Asthma:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, Please explain conditions:	My child will require the use of an inhaler YES <input type="checkbox"/> NO <input type="checkbox"/>
My Child has a Medical Condition:			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Medical Condition - Please Supply Details:				
Medications Taken				
Medical Alert #1				
My Child has Allergy/Allergies:			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Allergies and Allergic Reaction - Please Supply Details:				
SIGNS OF AN ALLERGIC REACTION INCLUDE BUT ARE NOT LIMITED TO (Please Select Any That Apply to Your Child)				
SYSTEMS	SYMPTOMS			
MOUTH	Itching and swelling of the lips, tongue, or mouth			
THROAT	Itching and/or a sense of tightness in the throat, hoarseness, and hacking cough			
SKIN	Hives, itchy rash, and/or swelling about the face or extremities			
STOMACH	Nausea, abdominal cramps, vomiting, and/or diarrhea			
LUNG	Shortness of breath, repetitive coughing, and/or wheezing			
HEART	"Thready" pulse, "passing out"			
The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation!				

_____ Date

Parent's/Guardian's Signature

ELEMENTARY Office Use Only: School Secretary please attach student photo (obtain from student database).

Main Ofc:	Teacher:	Food Serv:	Gym:	Music:	Spanish:	Art:	Library:
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SECONDARY:

Main Ofc:	Food Serv:	0 Hr:	1 st Hr:	2 nd Hr:	3 rd Hr:	4 th Hr:	5 th Hr:	6 th Hr:	7 th Hr:	Coach:
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