

# ABINGTON HEIGHTS SCHOOL DISTRICT

## ALLERGY INFORMATION

Dear Parent:

Our records indicate that your child is prone to allergic reactions. To update our files so that proper treatment is available for your child, please indicate below the procedure you would like to be followed, including medication, if any.

If Benadryl or other medication has been prescribed for your child's allergic reaction, please complete the attached medication forms. Benadryl is kept in stock in the school health room. If any other medication has been prescribed, please have medication delivered to the health room by a responsible adult.

If you have any concerns, please contact the school nurse.

Sincerely,

Health Services

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Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Cause of allergic reaction: \_\_\_\_\_

Date of last reaction: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please describe his/her latest reaction: \_\_\_\_\_

Please describe his/her most sever reaction: \_\_\_\_\_

Procedure to follow if reaction occurs: \_\_\_\_\_

Medication: \_\_\_\_\_

Directions for use: \_\_\_\_\_

Parent home phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_