ST. MARY’S COUNTY PUBLIC SCHOOLS  
Department of Student Services/St. Mary’s County Health Department

ALLERGY INFORMATION

Student’s Name: ___________________________ Date of Birth: ___________________________

Allergic to: _______________________________

Diagnosed by Doctor: Yes  No  
Doctor’s Name: ___________________________

Date of Last Allergic Reaction: ___________________________

1. Do you consider the allergy to be life threatening to your child?  Yes  No

   If Yes, an emergency action plan may be needed at school.

2. Please list the medications your child takes for this allergy (everyday and as needed)

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dose</th>
<th>Frequency</th>
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   If medication is needed at school, please have your doctor complete a Medication Authorization form.

3. Does your child have a prescribed EpiPen for emergency use?  Yes  No

4. Please check only those symptoms which you have observed when your child has had an allergic reaction:

   - itching or swelling of lips, tongue, or mouth
   - nasal congestion
   - runny nose, sneezing, or sniffing
   - itching or sense of tightness in the throat
   - sore throat or throat clearing, “hacking” cough
   - hoarseness
   - nausea or vomiting
   - abdominal cramps or diarrhea
   - hives
   - hives
   - other ___________________________

5. Progression of symptoms were: (Please check.)

   - increasing and worsening rapidly
   - early, mild symptoms with apparent resolution followed by rapid development of lung and/or heart symptoms
   - other ___________________________

6. How long after being exposed to the allergen did your child develop symptoms? (Please check.)

   - immediately
   - within 15 – 20 minutes
   - within an hour
   - longer than one hour (specify time) ___________________________

7. Has your child ever been hospitalized (emergency room) for an allergic reaction?  Yes  No

8. Does your child know to avoid the allergen?  Yes  No

9. If your child has a nut allergy, do they need to sit at the nut-free table during lunch?  Yes  No

Parent(s)’/Legal Guardian(s)’ Signature ___________________________  Date ___________________________

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