

# EMERGENCY PLAN – ANIMAL ALLERGY

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ year \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone # Work \_\_\_\_\_ Home # \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Family member/Friend, aware of child's condition. Name \_\_\_\_\_ Phone# \_\_\_\_\_

## My child's animal allergies:

- Animal allergy to: \_\_\_\_\_
- Child is severely allergic-No animals with fur can be allowed in the classroom.
- Child needs to wash hands after touching the animal.
- There is not a problem with animals in the classroom (Show & Tell) and the child may touch the animal.

Symptoms of my child's allergic reaction:

\_\_\_\_\_  
\_\_\_\_\_

Date of last allergic reaction: \_\_\_\_\_

Does your child require medication at school if he/she comes in contact with an animal?

- Yes  No

Name of medication: \_\_\_\_\_

(If medication is needed at school, you must have a medication permission form signed by you and your child's doctor on file for **this** school year.)

***Please tell us what you want us to do in case of an allergic reaction at school.  
(Please check all that apply)***

Notify parent by:  Send note home  Call parent by phone

Notify health office at school

Administer medication

Call 911

Allow to rest

Other/Comments \_\_\_\_\_

***If medication is needed, a supply must be kept at school for your child to participate in field trips/extracurricular activities.***

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

School Nurse Signature \_\_\_\_\_ Date of review \_\_\_\_\_

