

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 _____