

SUGGESTIONS FOR THE SCHOOL ENVIRONMENT

List Any Environmental Control Measures or Dietary Restrictions for the Student:

Type of Snacks/Foods to be Offered as Alternatives (if allergic to specific food):

How to Handle Special Events (picnics, field trips, class parties, etc.):

Emergency & School Safety Plan - Please share information for a school evacuation, relocation or lock down situation (ex: Parent will provide an extra epi-pen for the classroom):

Comments/Special Instructions:

Name of medical provider: _____

Parent/Guardian name: _____

Best contact phone number: _____

Parent/Guardian signature: _____ Date: _____

This form is requested yearly if your child is affected by a severe allergy.

- This information is important to keeping your student safe, and providing correct emergency response, at school.
- It is a priority for us to have current emergency contact information for you.
- Written authorization from your student’s licensed medical provider is required for medically necessary cares at school (if any needed, including medications). **New authorization is needed for each school year and/or when medical orders change.**
- The school nurse may contact you or your student’s licensed medical provider if additional information or clarification is needed for cares at school.
- Information will be shared as appropriate with other school and emergency personnel to benefit your student’s safety and success.
- Self-management of Life Threatening (Anaphylaxis) Allergy and/or the carrying of medication requires additional consents. Contact your school nurse.
- If you have questions, please contact the school nurse at your student’s school.

OFFICE USE ONLY

DATE	ANNUAL REVIEW COMMENTS