Coatesville Area School District
Parent/Guardian Questionnaire for Students with Severe Allergies

Student Name____School_______________

School Year _________________ Grade _________________ Date ________________

Dear Parent/Guardian,

You noted on the emergency card that your child is allergic to_______________. In order to give the appropriate care, we request that you complete this form and return it to the school nurse immediately.

We have Benadryl in the health office, however if your child needs adrenaline for his/her reaction please send in an Epi-Pen to be left in school.

If there is any change in this information during the school year, please notify the school nurse in writing.

Thank you,

Certified School Nurse

Symptoms student has experienced in the past. (please check all that apply)

___Swelling/redness in sting area
___Hives
___Hoarseness
___Dizziness
___Nausea
___Vomiting
___Abdominal cramps
___Itching all over the body
___Swelling of lips, tongue, throat
___Wheezing
___Breathing difficulty
___Thickened speech
___Extreme weakness
___Blue color of skin or lips
___Skin flushed all over the body
___Other____________________

Medications needed:
Name ____

Dose ____________________ Time: _____________________

Special Instructions____

Name of Physician _______________________________ Phone Number ___________
I understand the above information will be used in an emergency action plan for my child. I give my permission to share this plan with my child's assigned teachers and appropriate personnel.
Signature of Parent/Guardian_________________________________ Date___________