

Medical & Allergy Notification

Bryceville Elementary

My Child _____ has the following:

Please check ALL that apply:

Medical

- ADHD
- DIABETES
- ASTHMA
- SEIZURES
- MEDICATION:

Please list any medication:

Medical

- ALLERGIES
- NOSEBLEEDS
- MIGRAINES
- HEMOPHILLIA
- OTHER

Please list issue if OTHER is checked:

INSECTS

- Bees
- Fire Ants
- Hornets
- Wasps
- Yellow Jackets
- Other (List below)

FOOD

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Dairy (Milk/ Cheese) | <input type="checkbox"/> Nuts/Peanuts |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Soy |
| <input type="checkbox"/> Fish / Shell Fish | <input type="checkbox"/> Wheat |
| <input type="checkbox"/> Food Dye | <input type="checkbox"/> Other: _____ |

There are two types of allergy reactions. Please check one:

- Local (intense swelling, itching, and a raised bump)
- Systemic (hives, fever, difficulty breathing, and/or severe drop in blood pressure)

If your child should become exposed to this allergen at school, your preferred course of action is:

Keep in mind the medications, if listed, must be accompanied by a prescription and be brought to the school by the parent/guardian.

Physician's Name: _____ Phone Number: _____

Parent Signature

Date