

The Westwood School
Severe Allergy Form



Student Name _____

Parent/Guardian Name _____ Telephone # _____

Parent/Guardian Name _____ Telephone # _____

Emergency Contact: _____ Telephone # _____

Allergist Name: _____ Telephone # _____

Physician Name: _____ Telephone # _____

THIS PORTION IS TO BE FILLED OUT BY A HEALTH CARE PROFESSIONAL:

Identify the things that start an allergic episode:

Medication: _____ Food: _____

Other: _____

Steps to take during an allergic episode:

1. If the following symptoms occur, give the medications listed below.
2. Call 911 and request epinephrine.
3. Contact the student's parent/guardian.

Symptoms of this child's allergic reaction include: (circle all that apply)

Itching/rash swelling of lips, tongue, mouth, or throat hives abdominal cramps nausea/vomiting
hoarseness throat tightness pulse is hard to detect diarrhea shortness of breath coughing /wheezing

**If child has asthma, asthma symptoms may also need to be treated. other: _____

Emergency Allergy Medications:

Name: _____	Dosage: _____	When to use: _____
_____	_____	_____

Special Instructions: _____

Staff may administer a prescribed EpiPen upon exposure.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Physician Signature: _____ Date: _____

All students completing this form are required to provide a copy of Comprehensive Allergy Testing Results with a Health Care Professional's Signature to The Westwood School.