

KENTON COUNTY SCHOOLS
 SCHOOL HEALTH SERVICES
 1055 Eaton Drive
 Ft. Wright, KY 41015

TO: Parent/Guardian of: _____
 Date of Birth: _____
 Grade: _____ at _____ School

Information provided to school indicates your student has a **severe or serious allergy that may result in a life-threatening situation**. It is important to annually update additional health information should your student require assistance at school. **Please complete this form and return it to the school nurse so an action plan can be developed and shared with the appropriate school personnel. It is the responsibility of parent/guardian to provide special food, equipment, and medication that is needed at school.** If you have any questions, please call the nurse at your student's school.

Has a physician diagnosed your student with a severe allergy? No Yes, if so Date _____

ALLERGIES ARE CURRENTLY TREATED BY: Dr. _____ (phone) _____

Has hospitalization or emergency medical treatment been needed in the past year for your student's allergy?
 No Yes, if so Date _____

Has an Epinephrine auto-injector been used for your student's allergy? No Yes, if so Date _____

CHECK ANY LIFE-THREATENING ALLERGY YOUR STUDENT HAS:

- Insect stings (list type) _____
- Food (list type) _____
- Animals, Latex, or Environmental (list type) _____
- Other (list type) _____

When was the last time your student had a reaction to the allergen mentioned above? _____

If a food allergen was noted above, answer the following questions:

What is the reaction caused by? ingestion airborne exposure direct contact

Do you request that your student sits at a food allergy table in the cafeteria? No* Yes

*If your student does not sit at the food allergy table while eating in the cafeteria, exposure to allergens cannot be monitored and the KCS D will not be held responsible if an allergic reaction occurs.

Do classroom precautions/restrictions need to be made? No Yes**

**If yes, parents are responsible for communicating these needs directly to the teacher.

INDICATE THE SIGNS THAT ARE USUALLY PRESENT DURING ALLERGY ATTACK:

- difficulty breathing rash/hives nausea/vomiting
- difficulty swallowing loss of consciousness flushed/pale skin
- swelling: how much? _____ where? _____ other (list): _____

ARE MEDICATIONS NEEDED TO CONTROL ALLERGY? No Yes (please list medications below)

MEDICATIONS	DOSAGE	To be Administered at
1.		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Both
2.		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Both
3.		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Both
4.		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Both

All medication given to students at school require a **Kenton County School District Administration of Medication Permission Form** be completed and signed by a parent/guardian and your child's physician. This form is available in the school office, first aid room, or on the Kenton County School District's webpage under Health Services Department. Students may self carry/self administer their emergency medication ONLY if the required forms are on file in Health Services.

Does your student participate in educational opportunities that involve more than one campus, such as Project Ascent, Prep+, or the Academies ? _____No _____Yes

If Yes, what campus will they attend?_____

For emergency medication (Epinephrine) to be available while attending another campus, your student must have permission to self-carry medication or an additional dose kept at the other campus. See the school nurse regarding the required documentation. Appropriate school staff will be trained in the administration of this emergency medication.

Please check and list any extracurricular activities outside of normal school hours, which you anticipate your child may participate in this year: (clubs, teams, councils, and sports)

Clubs, committees, drama, band, and teams (specify)_____

Sports/ Intramurals (specify below)
 Fall_____Winter_____Spring_____

For emergency medication (Epinephrine) to be administered during any extracurricular activities, your student must have permission to self-carry medication. See the school nurse regarding the required documentation. Appropriate school staff will be trained in the administration of this emergency medication.

If a student has permission to self-carry emergency medication (Epinephrine), Health Services recommends an additional dose of medication be kept in the nurse’s office to ensure a dose is always available.

IT IS THE PARENT’S RESPONSIBILITY TO NOTIFY THE SCHOOL NURSE IMMEDIATELY OF CHANGES IN YOUR CHILD’S MEDICAL CONDITION, MEDICATION, EXTRACURRICULAR ACTIVITIES, EMERGENCY CONTACT PERSONS, PHYSICIAN, OR CONTACT PHONE NUMBERS. ANY CHANGES IN MEDICATION REQUIRE A NEW ADMINISTRATION OF MEDICATION FORM.

EMERGENCY ACTION PLAN (EAP) FOR A STUDENT HAVING A SEVERE ALLERGIC REACTION:

1. Assist student with medication as prescribed.
 - a. If Epi Pen administered, **9-1-1** will be called
 - b. Stay with the student
2. Observe the student for inadequate breathing; signs of shock, unusual swelling; and when observed, call **9-1-1**.
3. **If no medication is ordered/available for a student with a history of severe allergies, the parent will be called and/or 9-1-1 depending on the severity.**
4. Report to parent.

If you want additional information given, or have other concerns, describe here:

The school nurse will provide information to the appropriate school personnel (teachers, coaches, etc.) to address the health needs of your student. If you don’t want this information to be shared, **additional written notification** must be provided to the school nurse.

Assessment accommodations are given based on the needs documented in the student’s IEP or 504 plan. Activity restrictions require a written authorization from your student’s doctor.

 Parent/Guardian Signature

 Date

Thank you for your help in addressing your student’s needs,
 School Health Services
 Kenton County School District