



Philomath Public Schools

Benton County School District 17J, 1620 Applegate Street, Philomath OR 97370 (541) 929-3169

ALLERGY/ASTHMA INFORMATION

Student Name _____ DOB _____ Grade _____
Parent/Guardian Name: _____
Phone number: (H/C) _____ (W) _____
Emergency Contact: _____
Other Contact Info: _____

CURRENT MEDICATIONS	Amount	When to Use
1.		
2.		
3.		

TRIGGERS FOR EPISODES (Check all that apply)

- Animals Bee Sting/Insect Bites Food Changes in Temperature Dust Mites
 Exercise Latex Molds Pollens Respiratory Infection Smoke Strong Odors Other

Please briefly explain: _____

If your student has a history of severe allergies, please provide the school with:

- Food Allergy and Anaphylaxis Emergency Plan (FARE) or MD-provided care plan.
- Medication Administration form.
- **A current Epi Pen.** (If your student carries their own epinephrine, please submit Self-Administration Permission.)

If your student has a history of severe asthma, please provide the school with:

- An Asthma Emergency Health Plan
- Authorization for Medication Administration
- **A current inhaler.** (If your student carries their own inhaler, please submit a Self-Administration Permission form.)