



Simi Valley Unified School District

Student Support Services 875 E. Cochran St. Simi Valley, CA 93065 805-306-4500

ALLERGY HEALTH RECORD UPDATE

Student _____ Date of Birth _____

School _____ Grade _____

Person completing this form: _____

Name of Physician: _____ Phone: _____

Allergies are no longer an active problem for my child. Please update this information on my child's school record.

Current allergies include:

Nuts (Please specify) _____

Foods (Please specify) _____

Bee Stings

Other (Please specify) _____

Symptoms my child experiences (check all that apply):

Apprehension/Anxiety or Sense of Doom Throat Tightness Hacking/Repetitive Coughing

Difficulty Swallowing Wheezing Red, Watery Eyes Sneezing

Short of Breath/Difficulty Breathing Swelling Change of Voice Itching

Change of Skin Color (pale, blue) Diarrhea Rash Hives

Fainting or Loss of Consciousness Nausea Vomiting Dizziness

Other _____

History (allergy reactions):

Has used Epi-pen Has called 911/Ambulance Has been hospitalized

Plan for care at school (check all that apply):

No medication required – standard first aid only

Benadryl (Diphenhydramine) - Medication Authorization Form required

Epi-pen - Medication Authorization Form required

Peanut-aware table required for snack/lunch

Other _____

Parent/Guardian Signature _____ Date _____

Please return this update, along with any medications and authorization forms to the school office.