



HEALTH SERVICES

2323 E. Farwell Rd • Mead WA 99021 • Telephone (509) 465-6000 • Fax (509) 465-6020

ALLERGY INFORMATION

Student's Name _____ Birthdate _____

School _____ Grade _____ School Year _____

According to our records your student has an allergy. The following information is helpful to the nurse and school staff in determining any special needs for your child. If you would like to meet with the school nurse, please call for an appointment.

School Nurse _____ Phone _____

Allergy is no longer a health concern for my child.

- 1. Please list all substances your child is allergic to and indicate the specific reactions observed for each allergen:
2. If your child needs an EpiPen, please complete Form HS-634: Severe Allergy Reaction Health Care Plan.

Table with 3 columns and 8 rows for recording allergen information, including needs for EpiPen, exposure types, and reaction severity levels (Mild, Moderate, Severe).

FOR FOOD ALLERGIES ONLY:

Will your child eat any food provided by school/classroom? Yes No

If NO: (Check all that apply)

- Parent will supply all foods, snacks, or beverages (or alternative)
 Other: _____

If YES: Food should be handled as follows- including field trip and parties (Check all that apply):

- Student cannot eat food if it is on the list of food allergies
 Student is capable of determining which foods he/she may eat
 Parent will determine which school foods the student may eat

Note: If your child will be participating in school meals and cannot eat items on the school menu, a Dietary Accommodations form must be filled out by a Licensed Health Care Provider to substitute foods that your child can safely eat.

www.Mead354.org > Mead School Nurses > Health Care Plans > Dietary Accommodations

Parent Signature _____ Date _____