



SEVERE ALLERGIC REACTION PACKET

Dear Parent:

You have disclosed that your child has a severe allergy. The District requires additional information in order to take necessary precautions for your child's safety and to authorize treatment of your child in the event of an allergic reaction at school or at a school-related activity. Attached to this letter are the following forms:

1. Allergy/Anaphylaxis History Form
2. Emergency Action Plan
3. Food Allergy Evaluation & Substitution Form (only if food allergy is present)
4. Permit for Self-Administration of Anaphylaxis Medication (elementary students not eligible)

Your child's supplies should include: Epi-pen with prescription label on it and antihistamine (such as Benadryl), if your child's plan calls for it. Please be alert to the expiration dates on these medications. If we do not have these forms and supplies on hand and your child has a serious reaction, we may need to call 911 to assure your child's safety.

Unfortunately, the cost is billed to the parent. It is important for your child's safety that we have the proper authorizations and supplies on hand in order to respond in an emergency.

Please have your physician or other licensed health-care provider complete these forms and return them to the office as soon as possible.

We appreciate your help in our effort to provide the best care for your child. Thank you.

Sincerely,
Lori Palomares, RN
Renee Smith, LVN
Renee Bohuslar, LVN
School Nurse
Tidehaven ISD

