

NEDERLAND INDEPENDENT SCHOOL DISTRICT

ALLERGIC REACTION FORM

To Parent/Guardian of: _____

Upon receipt of the health information card for your child, it was noted that your child either had food allergies or wasp/bee sting allergies. Because allergies of this type can be serious, please provide a description of the reaction your child experiences in the space provided below.

Additionally, you need to be aware that if your child purchases a school lunch, the cafeteria cannot substitute or change menu items without written doctor's orders on file at the school. This requirement has been established by the State of Texas.

If your child has severe allergic reactions, I urge you to discuss with your doctor the possible need of keeping an Epi-pen (medication to be used only in the event of a life-threatening allergic response) at school. If you wish the school nurse to have this medication at school, you must provide written permission from your physician.

Sincerely,

School Nurse

My child, _____, is allergic to _____ and has the following symptoms during a reaction:

How are these reactions treated? _____

Parent Signature

Date