



HEALTH OFFICE
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Dear Parents:

Re: School Allergy Action Plan:

We understand that your child _____ has an allergy. This condition can be serious and may require emergency treatment while at school. It is important that the school has up-to-date information about the management of your child's allergy condition.

Complete the attached School Allergy Action Plan (in consultation with your child's medical practitioner). The school reserves the right to call an ambulance if your child is having an uncontrolled allergy attack or difficulty breathing.

Please help us to responsibly care for your child while at school by completing, signing, and returning this Allergy Action Plan as soon as possible.

Thank you for your cooperation in this matter.

Yours sincerely,

The AAS Medical Staff



AAS ALLERGY ACTION PLAN

School Year _____

STUDENT'S NAME: _____ Date of Birth: __/__/__

Allergy to: Bee/Insect Sting Food (specify) _____
 Other (specify) _____

Asthmatic? Yes No High risk for severe reaction _____

If pollen grass, or dust allergies, check time of year these occur: Fall, Winter, Spring, Summer

SIGNS OF ALLERGIC REACTION (check all that apply to your student)

- Swelling or redness at sting site
- Itching/swelling lips, tongue, or mouth/throat
- Trouble breathing, swallowing, talking
- Wheezing, hoarseness, coughing
- Other (specify) _____
- Rash
- Nausea/Vomiting
- Hives
- Itchy skin

I would rate the severity of my child's allergy as: (please circle one)

Not severe 1 2 3 4 5 Severe

TREATMENT	
<p>I request that the following medication be kept in health office and be administered as ordered. Parent must supply medication. If emergency medications indicated on this plan are not provided, an ambulance will be called as needed.</p> <p>1. Give Medication: _____ Dose: _____ Route: _____ If symptoms are: _____</p> <p>2. Give Medication: _____ Dose: _____ Route: _____ If symptoms are: _____</p> <p>3. Call Ambulance (if Epi given or if reaction severe or if emergency meds not available).</p> <p>4. Call parents or emergency contacts as designated below.</p> <p>Student Signature: _____ Date: _____</p> <p>Parent Signature: _____ Date: _____</p> <p>Phone Numbers: 1) _____ 2) _____</p> <p>Physician Signature: _____ Date: _____</p> <p>Phone Numbers: 1) _____ 2) _____</p>	

If your child is going on a field trip and has an Epi-pen available at school, what would you like done?

Notify parent of field trip, and send epi-pen from school with student who has been trained on proper use of Epi-Pen.

Notify parent of field trip, school medical staff to train ONE designated school employee to administer Epi-Pen if needed. Send Epi-Pen on field trip with designated employee.