

Student Allergy / Asthma Form

Date:

Student:

Allergen(s):

Child's Reaction to Allergen(s) / Asthma:

Parent's recommended action plan/procedure in the event of an allergic reaction:

Medication (note: all medication(s) must be located in the preschool office and must be accompanied by a signed note from both the child's doctor and the child's parent. Notes should include information regarding the procedure for dispensing the medication, as well as the circumstances under which medication should be administered. As well as the prescribed dosage):

Parent Signature

Date