

# BBCS Medical Condition & Allergy Information Form

(ALL STUDENTS K4-12)

2021-2022



This information is retained by Bella Bella Community School and is provided to the school's employees, where relevant and required, including classroom teachers, and to those employees engaged in supervision of students off school premises while on school activities. This information will also be provided to qualified medical personnel in the event of an emergency. *If need be, please have a doctor assist with filling out this form.* It is the responsibility of the parent/guardian to update this information throughout the school year whenever there are changes.

Student Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**Does your child have any allergies?**  Yes  No

Please list what your child is allergic to: \_\_\_\_\_

a) Is this an ***anaphylactic*** (life-threatening) allergy?  Yes  No

IF YES, ADMINISTRATION WILL CONTACT YOU TO COMPLETE THE **ANAPHYLAXIS EMERGENCY PLAN** AND ENSURE YOUR CHILD HAS AN EPIPEN IN A WAIST-PACK FOR SCHOOL USE. FOR VERY YOUNG CHILDREN, ARRANGEMENTS MAY BE MADE FOR A TEACHER OR E.A. TO CARRY THE EPIPEN.

b) Allergy type:

Airborne  Ingestible  Contact  Insect  Medication  
(if eaten) (if touched)

c) Please provide any other important allergy information, such as medications or actions used to control the allergy:

\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any medical conditions?**  Yes  No

(e.g. asthma, diabetes, seizure disorder, chronic illness, disability, vision or hearing condition, ADHD, psychological conditions) and treatments that the school should be aware of?

a) Condition: \_\_\_\_\_

b) Please provide information, including history, signs/symptoms, triggers, medications or actions used to control the condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_