

**Providence Preschool Allergy/Medical Info Form**

Student Name \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age When Diagnosed \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Please Check All **Allergens** That Apply to Your Child:

Peanuts		Bee/Wasps/Insect Stings	
Tree Nuts		Latex	
Shellfish		Animal Dander (specify):	
Eggs		Other (specify):	

Please Check All Allergy **Symptoms** That Your Child May Have if Exposed:

Wheezing/Difficulty Breathing/Chest Pain or Tightness/Cough		Difficulty Speaking/Hoarse Voice/ Trouble Swallowing	
Nausea/Vomiting/Diarrhea/Stomach Cramps		Hives/Itchy Rash/Swelling of Face or Arms/Legs	
Restlessness/Anxiety/Feeling of Impending Doom/Fear		Swelling Lips/Tongue/Throat Tightness	
Feeling of Itching Inside		Pale or Bluish Skin Color	
Rapid Pulse/Dizziness/Fainting		Other (specify):	

What word(s) does your child use to first describe his/her allergy symptoms? \_\_\_\_\_

Does your child have asthma? **YES or NO** If yes, will your child keep a rescue inhaler at school? **YES or NO**

Has your child ever been treated in the ER or admitted to the hospital for a severe allergic reaction? **YES or NO**

Has your child been prescribed an epipen or other medication for severe allergic reaction? **YES or NO**

If yes, will your child keep epipen or medicine at school? **YES or NO**

**If Your Child is Allergic to Peanuts/Tree Nuts: (respond to the following 3 statements)**

1. I wish for my child to sit at a "peanut/nut-free" table during lunch. **YES or NO**
2. I wish for my child to sit near his/her teacher and at least 2 seats away from anyone eating peanut products. **YES or NO**
3. I wish for all lunch bags/boxes brought from home be stored separately (either in a tote container in the classroom or separately outside the classroom.) **YES or NO**

This record will remain in the child's file at the school so that the school may assist with the allergy care and needs of the above mentioned child. If your child requires medication during the school day, please fill out the "Authorization To Administer Medication Form". These forms will become a part of your child's record and will be kept in the child's file at the school. All of the above measures are taken in order to protect your child from any unlabeled foods that may or may not contain peanuts or have been run in a factory with peanuts, which may not be evident to the teacher/staff member.

**Release of Liability**

I hereby release and forever discharge Providence Preschool and/or any staff member from any and all liability arising in law or equity as a result of the School's employees or agents administering epinephrine and/or any other above mentioned medication, and providing other emergency care in conformance with the above directions, provided that the school has used reasonable care in administering any medications and in providing other authorized care in accordance with the Authorization Form which has been filled out by the parent and the child's doctor.

Parent/Guardian Signature: \_\_\_\_\_

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

Parent/Guardian Name (printed): \_\_\_\_\_