School District 622
NORTH ST. PAUL | MAPLEWOOD | OAKDALE
Ready for tomorrow

MoundsPark
A C A D E M Y

SUBMIT COMPLETED FORM VIA
TADS.com/upload 612.548.3326 or
TADS Admissions Management
110 N 5th St., Second Floor, Minneapolis, MN 55403

ALLERGIC REACTION TO FOODS/INSECT BITES/OTHER

Allergic to:_____

Student's Name:_____DOB_____ Grade____

Parent/Guardian:_____Phone_____

Address_____Work Phone_____

Dr.'s Name_____Phone_____

What are the signs of actual reaction? (i.e. Local swelling, respiratory difficulty)
Explain:_____

_____.

Does student recognize when he/she is having a reaction? (circle) **Yes** **No**

School Management of allergic reaction-be specific:_____

_____.

If medication is needed, please name:_____

Epi-Pen? **Yes** **No** Self-Inject? **Yes** **No** Needs Help? **Yes** **No**

At what point do you want the school to contact you?_____

If child continues in distress, what action do you advise the health office to take?_____

_____

Is there anything else you would like to add about this child's reaction?_____

I release the school personnel from liability in the event of any reaction that results from the medication.
I give permission for the LSN/RN/HEA to consult/communicate with the above named student's physician/licensed prescriber and pertinent school personnel regarding my student's health condition, medication action and side effects.
I give permission to delegate schools personnel to administer medication on field trips.

Parent/Guardian Signature_____Date_____

Physician Signature_____Date_____