

# THE FULTON SCHOOL AT ST. ALBANS

## Severe Allergy Form

### Student Information

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Homeroom Teacher(s) \_\_\_\_\_

Allergy \_\_\_\_\_

Student's Reaction \_\_\_\_\_

How do you treat your child's reaction? \_\_\_\_\_

Is your child on medication for this allergy?

If yes, name of medication \_\_\_\_\_ dosage \_\_\_\_\_

### Emergency Information

Mother \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Father \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Guardian \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

### In an emergency, if parent or guardian cannot be reached, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

### TO BE COMPLETED BY PRACTICING (TREATING) PHYSICIAN:

Please provide a brief history of patient's severe allergy or other potentially life-threatening illnesses and any known triggers:

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

### Current Medications

Name of Medication	Dosage	Time
1. _____		
2. _____		
3. _____		

Medication to be given at school:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Steps to be taken for an acute allergic reaction or other allergic episode or as a consequence of taking the above medication:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Physician's Name (please print)

Phone Number

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Physician's Signature

Date

By signing this form, the undersigned parent(s) or guardian(s) of the above-named pupil hereby authorize the school to administer the above-described medications in the event of an allergic reaction involving my child. I (we) understand that it is my (our) responsibility to provide to the school or our child, as the case may be, the appropriate medications. We further acknowledge that the school and its employees or agents shall incur no liability as a result of my (our) disclosing the information herein, or as a result of the administration of medication by the school, as the case may be, absent any negligence by the school, its employees or its agents. I (we) hereby indemnify and hold harmless the school, its employees or agents against any claims arising out of the foregoing.

**BOTH PARENTS OR GUARDIAN MUST SIGN**

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Mother (or Guardian) Signature

Date

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Father (or Guardian) Signature

Date