

# Messiah Lutheran School

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[www.messiahhalescorners.com/school](http://www.messiahhalescorners.com/school)

"Train up a child in the way he should go, And when he is old he will not depart from it."  
Proverbs 22:6

## Medically Documented Life Threatening Allergy

(See Guidelines on Reverse Side)

### Part I- To be completed by parent/legal guardian:

Student \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Parent/ \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Legal Guardian

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Part II- To be completed by child's health care provider:

This child has a documented life threatening allergy(s) to: \_\_\_\_\_

\_\_\_\_\_

This child may experience the following symptoms when exposed to the allergen(s): \_\_\_\_\_

\_\_\_\_\_

The time from exposure to onset of symptoms is: \_\_\_\_\_

Actions to take if **exposure is suspected** (include time factors): \_\_\_\_\_

\_\_\_\_\_

Actions to take if **exposure is known** (include time factors): \_\_\_\_\_

\_\_\_\_\_

Is this child Asthmatic? Yes\* \_\_\_\_\_ No \_\_\_\_\_ (\* Higher risk for severe reaction)

Student and parent/legal guardian have been instructed by me on the above allergy(s) and actions to take if exposed or exposure suspected.

I recommend that this student wear medical identification for this medically documented life-threatening allergy.

Health Care Provider's Name \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Health Care Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Part III- To be completed by school office:

Original form to be filed in Medication Administration Binder with completed *Medication Request and Authorization* form.

A copy of this form is:

- to be given to school's principal
- to be given to the designated medically trained staff member
- to be filed in student's health file in cumulative folder