

SEVERE ALLERGY AUTHORIZATION – PARENT/GUARDIAN FORM

Student's Name _____ Birthdate _____ Grade _____

Address _____ Home Phone _____

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Student's Physician _____ Phone _____

What type of insect/substance is child allergic to? _____

What is the usual or past reaction to insect sting or substance exposure? (Check all that apply)

Mild Local Reaction _____ Redness, swelling or itching at site of bite or sting.

Severe Local Reaction _____ Redness, swelling, itching, hives or skin rash to a large area of the body near bite/sting.

Systemic Reaction: _____ Swelling of face or tongue, difficulty swallowing, talking or breathing; weakness and/or dizziness, fainting or loss of consciousness.

Other: _____

How soon after bite/sting/exposure has reaction occurred? _____

What would you like done in case of bite, sting, or substance exposure?

_____ Call 911 and parent/guardian immediately.

_____ Call parent/guardian and then 911 if any of the following symptoms occur. Please list: _____

Signature of Parent/Guardian