

To Parent/Guardian of: _____,

Upon receipt of the health information sheets for your child, it was noted that your child either had food allergies or wasp/bee sting allergies. Because allergies of this type can be serious, please provide a description of the reaction your child experiences in the space provided below.

Additionally, you need to be aware that if your child eats the school's provided daily meals, the cafeteria cannot substitute or change menu items without written doctor's orders on file at the school. A written doctor's order MUST be provided to the school in order for your child to have their menu adjusted in ANY way. This requirement has been established by the State of Texas.

If your child has severe allergic reactions, I urge you to discuss with your doctor the possible need of keeping an Epi-pen (medication to be used only in the event of a life-threatening allergic response) at school. The school office does stock a single dose of epinephrine, which can be administered in the event of an emergency. If you wish the office to have the authority to administer this medication, please sign and return the enclosed form. Thank you for your assistance.

Sincerely,

Summer Stracener, RN
School Nurse

My child, _____, has the following symptoms during an allergic reaction:

Parent Signature _____ Date _____

Date _____
Student Name _____
Teacher/ID _____

Dear Parent,

Upon receipt and reviewing of your child's health information sheets that you completed, I noticed that your child has an allergy to

_____.

Please provide the following:

1. Describe the child's allergic reactions in the past; including when and how they occur:

2. How are these reactions treated?

3. Is this child on daily or as needed medications for this allergy?

4. Please provide further details to the address below, including a physician's statement if necessary.

Thank you,

Summer Stracener, RN
School Nurse
Smyer ISD
PO BOX 206
Smyer, TX 79367