



SAHUARITA UNIFIED SCHOOL DISTRICT #30

SAHUARITA HIGH SCHOOL
SAHUARITA MIDDLE SCHOOL
SAHUARITA PRIMARY SCHOOL
ANZA TRAIL SCHOOL

WALDEN GROVE HIGH SCHOOL
SAHUARITA INTERMEDIATE SCHOOL
SOPORI ELEMENTARY SCHOOL
COPPER VIEW ELEMENTARY SCHOOL

EARLY CHILDHOOD CENTER



SCHOOL HEALTH SERVICES

Parent Insect/Environmental Allergy Letter

While reviewing the Student Health History Form you completed for your child, it was noted you indicate he/she may be allergic to insect stings/environmental allergens.

In order to provide better health care services for your child in school, we need to know if this is currently an issue, and if your child requires special observation for this condition at school.

Please complete the section below and return to me at school. If you have any questions or concerns please feel free to contact me at any time. All medical information is confidential and will be shared only with teaching staff working directly with your child.

Thank you.

School Health Staff

Please check the box next to the most appropriate statement for your child, sign the bottom of this page and return to the school health office.

- This is not a health concern for my child.
My child is allergic to:
His/her symptoms are:
Treatment of the sting is:
Local, with application of baking soda, ice, etc.
Oral, with a medication such as Benadryl
Injection, such as Epi Pen
What medication do we need to have at school?

Name of your child's licensed health care provider? Phone

PLEASE PROVIDE THE FOLLOWING DOCUMENTS ANNUALLY TO THE SCHOOL HEALTH OFFICE:

- Insect/Environmental Allergies Medical Management Plan for School Form signed by a Licensed HealthCare Provider and parent/guardian: If student requires an Epi-Pen
Please see school health staff if your child requires medications to be given at school.

Name of Parent and/or Guardian Signature Date



SAHUARITA UNIFIED SCHOOL DISTRICT #30

SAHUARITA HIGH SCHOOL
SAHUARITA MIDDLE SCHOOL
SAHUARITA PRIMARY SCHOOL
ANZA TRAIL SCHOOL

WALDEN GROVE HIGH SCHOOL
SAHUARITA INTERMEDIATE SCHOOL
SOPORI ELEMENTARY SCHOOL
COPPER VIEW ELEMENTARY SCHOOL

EARLY CHILDHOOD CENTER



SCHOOL HEALTH SERVICES

Insect/Environmental Allergies Medical Management Plan for School

Valid for 1 school year. To be completed and signed ANNUALLY by licensed Primary Care Provider/Physician

Student's Name: D.O.B: Teacher:

ALLERGY TO:

Asthmatic Yes No *Higher risk for severe reaction
*** STEP 1: TREATMENT ***

Table with 2 columns: Symptoms and Give Checked Medication. Rows include food allergen, mouth, skin, gut, throat, lung, heart, and other symptoms with corresponding medication checkboxes for Epinephrine and Antihistamine.

†Potentially life-threatening. The severity of symptoms can quickly change.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg

Antihistamine: give medication/dose/route

Other: give medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

*** STEP 2: EMERGENCY CALLS ***

- 1. Call 911 State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. Phone Number:
3. Parent Phone Number(s)

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Physician's Name

Phone Number:

Physician's Signature (Required)

Date:

Parent/Guardian's Name:

Phone Number:

Parent/Guardian's Signature

Date: