

SCHOOL DISTRICT OF NEW LONDON - HEALTH SERVICES

Emergency Action Plan – ANIMAL ALLERGY

CONFIDENTIAL

Student's Name _____ Grade _____ School _____ year _____

Parent/Guardian _____ Phone # Work _____ Home # _____

Physician _____ Phone # _____

Family member/Friend, aware of child's condition. Name _____ Phone# _____

My child's animal allergies:

- Animal allergy to: _____
- Child is severely allergic-No animals with fur can be allowed in the classroom.
- Child needs to wash hands after touching the animal.
- There is not a problem with animals in the classroom (Show & Tell) and the child may touch the animal.

Symptoms of my child's allergic reaction:

Date of last allergic reaction: _____

Does your child require medication at school if he/she comes in contact with an animal?

- Yes No

Name of medication: _____

(If medication is needed at school, you must have a medication permission form signed by you and your child's doctor on file for **this** school year.)

***Please tell us what you want us to do in case of an allergic reaction at school.
(Please check all that apply)***

- Notify parent by: Send note home Call parent by phone
- Notify health office at school
- Administer medication
- Call 911
- Allow to rest
- Other/Comments:

If medication is needed, a supply must be kept at school for your child to participate in field trips/extracurricular activities.

Parent Signature _____ Date _____

School Nurse Signature _____ Date of review _____

Physician Signature _____ Date _____

Upon completing this form, please print the form and hand it in at registration OR save it and email the form to Jenny Penn MSN, RN at jpenn@newlondon.k12.wi.us. If medication is needed for this concern, you must also fill out a medication consent form. Thank you.