$\frac{EMERGENCY\,PLAN-ANIMAL\,ALLERGY}{CONFIDENTIAL}$

Student's Name	Grade	School	year
Parent/Guardian	Phone # Wor	k	Home #
Physician	Phone #		
Family member/Friend, aware of ch	nild's condition. Name		Phone#
My child's animal allergi	es:		
 □ Animal allergy to: □ Child is severely allergic-No ani □ Child needs to wash hands after □ There is not a problem with animal symptoms of my child's allergic reasonable. 	imals with fur can be allowed i touching the animal. mals in the classroom (Show &	t Tell) and t	he child may touch the animal.
Date of last allergic reaction:			
Does your child require medication	at school if he/she comes in co	ontact with	an animal?
☐ Yes	□ No		
Name of medication:(If medication is needed at school, y doctor on file for this school year.)		rmission fo	rm signed by you and your child's
Please tell us what you	want us to do in case o (Please check all that	•	rgic reaction at school.
☐ Notify parent by: ☐ Send note	home Call parent by pho	one	
 □ Notify health office at school □ Administer medication □ Call 911 □ Allow to rest □ Other/Comments: 			
If medication is needed, a sup trips/extracurricular activities		ol for your	child to participate in field
Parent Signature		Date_	
School Nurse Signature		Date	of review
Physician Signature		Date	