

# Montessori Community School

## ALLERGY, ASTHMA, & MEDICAL CONDITION INFORMATION FORM

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

*To the parent or legal guardian: Our goal is to reduce the risk of accidental exposure to allergy or asthma triggers in the school setting by working with students, parents, and physicians to minimize risks and provide a safe educational environment for allergic or asthmatic students. However, please understand that by providing our assistance, we in no way assume the care and treatment of your child or accept any legal responsibility for our actions or failure to act relative to your child's medical needs.*

**Please describe in detail your child's allergies, asthma, and/or any medical conditions that could result in a physical reaction. Please list all past and/or possible future reactions, symptoms, and treatments).**

### PART I: Identification and Care of Allergies and/or Asthma

Did your child's health care provider inform you that the allergy or asthmatic condition may be life-threatening?

\_\_\_\_\_ No                      \_\_\_\_\_ Yes

<b>Specific Condition</b> <i>(Please identify all food and environmental allergens and medical conditions that could result in a physical reaction.)</i>	<b>Trigger</b> <i>(What has to happen for your child to react to the allergen(s), e.g. ingestion, touching, smelling, other?)</i>	<b>Symptoms</b> <i>(What are the signs and symptoms of the allergic reaction? Please be specific; include things your child might say, or describe behaviors that might be observed.)</i>	<b>Reaction Time</b> <i>(How long before the signs or symptoms appear after exposure to the allergen, i.e. seconds, minutes, hours, days?)</i>	<b>Treatment</b> <i>(What are the steps you would like the school to take in the event of a reaction? Please be specific.)</i>

### PART II: Epi-pens

1. If an Epi-pen is required for the treatment of an anaphylactic reaction, the child's parents are asked to provide two Epi-pens to the school. One Epi-pen is kept in the child's morning program, and the other is kept in the after-school program. If parents do not want to provide two Epi-pens to the school, the sole Epi-pen will be kept in the child's morning program. Should the child attend the after-school program and have an anaphylactic reaction, parents understand that timely response to the child's distress will be delayed while the staff attempt to retrieve the Epi-pen from the morning program.
2. MCS will only use the Epi-pen that has been expressly prescribed for the child.
3. Parents (or legal guardians) are expected to be aware of the expiration date of the Epi-pen, and to replace any expired devices immediately.

### PART III: Diagnosis by Medical Professional

Please note that if additional information is deemed necessary, a copy of the most recent assessment of your child's allergies and/or asthma by the health care provider treating your child's allergies or asthma may be requested by MCS.

### PART IV: Signature

\_\_\_\_\_  
*Parent/Legal Guardian's Name (print)*

\_\_\_\_\_  
*Parent/Legal Guardian's Signature*

\_\_\_\_\_  
*Date*