

Student's Last Name

First

Middle

Birth date (MM-DD-YY)

Grade/Rm/Trk

School Year

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
Medical Services Division**

**CONFIDENTIAL HEALTH INFORMATION FOR A STUDENT WITH SEVERE ALLERGIES**

**To School Personnel:** The information below has been completed by the School Nurse from an authorization signed by the student's Physician and Parent/Guardian. Please review this form and initial the appropriate column below.

**Special considerations:** Student must always be under adult supervision if experiencing an allergic reaction. Student needs special accommodations for medications when going on a field trip.

**ALLERGENS**

- ☐ Peanuts   ☐ Nuts   ☐ Milk   ☐ Shellfish   ☐ Eggs   ☐ Fish   ☐ Other \_\_\_\_\_
- ☐ Insects: Honeybees, yellow jackets, hornets, wasps, or fire ants   ☐ Other \_\_\_\_\_
- ☐ Latex   ☐ Medication   ☐ Chemicals   ☐ Other \_\_\_\_\_

**■ Student should avoid exposure to known allergens. Should exposure occur, follow Allergy Management Action Plan.**

**SIGNS AND SYMPTOMS OF SEVERE ALLERGIC REACTION**

- ☐ **Breathing difficulty:** Wheezing, chest tightness, difficulty swallowing
- ☐ **Severe swelling:** Face, tongue, throat, or around the eyes
- ☐ **Hives:** Redness, sweating, itching (more alarming if on the upper chest, neck, or head)
- ☐ **Stomach:** Nausea, vomiting, diarrhea or abdominal cramps
- ☐ **General:** Apprehension/panic, blue lips, pale, dizzy, convulsions
- ☐ **Other:** \_\_\_\_\_

**ALLERGY MANAGEMENT ACTION PLAN**

1. Call for trained personnel to administer physician prescribed medication immediately.
2. Initiate a **911** call by trained personnel if EpiPen is administered.
3. DO NOT move the student or give anything by mouth, except medication ordered by physician. (Give only if student is able to swallow.)

**Student has a physician's order for EpiPen medication at school:**   ☐ NO   ☐ YES

- ☐ EpiPen is stored in the health office or \_\_\_\_\_
- ☐ Student self-administers EpiPen. (Student has authorization for self-administration of EpiPen on file).
- ☐ Other medication: \_\_\_\_\_

FIRST SEMESTER				SECOND SEMESTER			
Period	Teacher	Initial	Date	Period	Teacher	Initial	Date
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
Home Room				Home Room			
Administrator				Administrator			
Counselor				Counselor			
Other				Other			