



# SKAGGS CATHOLIC CENTER, LLC

300 East 11800 South, Draper, UT 84020

Juan Diego Catholic High School 801-984-7650-O, 801-984-7601-F

Saint John the Baptist Middle School 801-984-7614-O, 1-801-984-7649-F

Saint John the Baptist Elementary School 801-984-7108-O, 801-984-7122-F

Guardian Angel Daycare 801-984-7135-O, 801-984-7122-F



You have checked on school records that your child \_\_\_\_\_ has a severe or serious allergy. It is important to have annual health information to assist when he/she needs help at school. Please complete this form and return it to the school.

### CHECK ANY LIFE-THREATENING ALLERGY YOUR CHILD HAS:

Insect stings (list type) \_\_\_\_\_

Food (list type) \_\_\_\_\_

Animals/Other (list type) \_\_\_\_\_

### INDICATE SIGNS THAT ARE USUALLY PRESENT DURING ALLERGY ATTACK:

- |  |   |
|--|---|
| <input type="checkbox"/> Difficulty breathing  | <input type="checkbox"/> Rash                       |
| <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Nausea                     |
| <input type="checkbox"/> Loss of consciousness | <input type="checkbox"/> Flushed or pale skin color |
| <input type="checkbox"/> Swelling:             | <input type="checkbox"/> Other (list) _____         |
| How much?                                      | _____   |
| Where?   | _____   |

Has emergency medical treatment been needed in the past year for allergies? \_\_\_ No \_\_\_ Yes When? \_\_\_\_\_

Allergies are currently being treated by: Dr. \_\_\_\_\_ Phone number: \_\_\_\_\_

ARE MEDICATIONS NEEDED TO CONTROL THE ALLERGY(IES) \_\_\_ NO \_\_\_ YES List Medications below.

MEDICATION	AMOUNT TAKEN	TIME OF DAY

Please circle medications the student will be using at school. There must be both a parent and physician consent form signed for each medication given at school. Please notify the school nurse immediately of changes in dose and/or type of medication.

### USUAL TREATMENT AT SCHOOL FOR A STUDENT HAVING A SEVERE ALLERGIC REACTION IS TO:

1. Assist student with prescribed medication
2. Observe the student for inadequate breathing, signs of shock, unusual swelling and when observed call 911
3. Report to parent

#### **Disclosure Statement**

\_\_\_\_ I hereby give permission to the school nurse to share my student's medical information as needed with his/her teachers and support staff.

\_\_\_\_ I do not wish for my student's medical information to be shared with faculty and support staff. I understand it is my responsibility to inform the school nurse as well as school administration of this decision. My student's health and safety may be at risk not allowing this information to be shared.

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
School Nurse Date



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