HAPPY HOLLOW SCHOOL
29 Oaks Road, Framingham, MA 01702
2009-2010 School Year

NOTICE OF ALLERGY

Child's Name:_____ Date of Birth: _____

Allergy to: _____ (list only one allergy per form)

Is child asthmatic? YES NO

ACTION TO BE TAKEN:

1. If ingestion/sting/reaction is suspected/known, immediately administer the following medication (name, dose & route):

   _____

   _____

2. CALL 911.

3. Call Mother at _____ Call Father at : _____
   (phone number) (phone number)

4. Call Dr. _____ at _____.

   Phone Number: _____

5. Emergency Contacts if parents cannot be reached:

   1. _____ Relation:_____ Phone:_____

   2. _____ Relation:_____ Phone:_____

CONSENT: I hereby consent to posting my child's name and allergy information in his/her classroom and in areas where snacks and food are prepared.

Parent's Signature: _____ Date: _____

DOCTOR'S RECOMMENDATIONS (To be completed by a physician ONLY):

Is this allergy: (circle all that apply) Airborne/ ingested/per instance (stings, bites, etc)

Symptoms: (please check all that apply)

_____ Mouth	itching & swelling of the lips, tongue or mouth
_____ Throat	itching and/or a sense of tightness in the throat, hoarseness, cough
_____ Skin	hives, itchy rash, and/or swelling about the face or extremities
_____ Abdomen	nausea, abdominal cramps, vomiting and/or diarrhea
_____ Lung	shortness of breath, repetitive coughing and/or wheezing
_____ Heart	"thread" pulse, passing out

Doctor's Signature: _____ Date: _____