

# Falls City Sacred Heart Catholic School

## Asthma/Allergy Form

**Please complete and turn into the office by July 15**

**Every student must have one on file**

If you have answered “yes” to any of the questions below, we ask that you please complete a more detailed form regarding your child’s asthma/allergy history and care. This form can be obtained from Cathy O’Grady in the office. Thank you for your cooperation.

Student: \_\_\_\_\_

School Year: \_\_\_\_\_

Does your child have a history of allergies? \_\_\_\_Yes \_\_\_\_No  
(food, environmental, insects, etc)

Does your child have a history of asthma? \_\_\_\_Yes \_\_\_\_No

Is your child allergic to any medications? \_\_\_\_Yes \_\_\_\_No

Will your child be carrying an inhaler, or have one in the school office this year? \_\_\_\_Yes \_\_\_\_No

**If severe asthma or allergic reaction occurs, 911 will be called; injected Epinephrine will be administered, followed by nebulized Albuterol. \_\_\_\_Yes \_\_\_\_No**