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

Falls City Sacred Heart Catholic School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions, policies, scholarship and loan program, and athletic and other school-administered programs.