

FALLS CITY SACRED HEART CATHOLIC SCHOOL

1820 FULTON STREET, FALLS CITY, NE 68355 402.245.4151

Asthma/Allergy Form

Please complete and turn into the office by September 1.

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