## 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?YesNo (food, environmental, insects, etc)
Does your child have a history of asthma?YesNo
Is your child allergic to any medications?YesNo
Will your child be carrying an inhaler, or have one in the school office this year?YesNo
If severe asthma or allergic reaction occurs, 911 will be called; injected Epinephrine will be administered, followed by nebulized AlbuterolYesNo

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.