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 August 23.

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? (food, environmental, insects, etc)	Yes	No				
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	e school office	e this year?	Yes	No	
In the event of a severe asthma or alle The school's protocol states: "911 will administered, followed by nebulized A the school's protocol, please mark "no what the school's plan of action shoul Yes	l be calle Albutero o" and a	ed, injected d." If you w form will l	Epinephrin vish for your be sent home	e will be child to	not follov	V
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.