

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? _____ 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

In the event of a severe asthma or allergic reaction the school’s protocol will be followed. The school’s protocol states: “911 will be called, injected Epinephrine will be administered, followed by nebulized Albuterol.” If you wish for your child to not follow the school’s protocol, please mark “no” and a form will be sent home for you to fill out what the school’s plan of action should be for your child.

_____ **Yes**

_____ **No**