

School District of Bayfield
Allergy Action Plan

Student Information

Student's Name: _____ Birthdate: _____

School: _____ Grade: _____ School Year: _____

Parent/Guardian: _____

Mother's Home Phone: _____ Father's Home Phone: _____

Mother's Cell: _____ Father's Cell: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Physician: _____ Physician's Phone: _____

This student has an allergy to: _____

Symptoms of a minor reaction: _____

Procedure for a minor reaction: _____

Symptoms of a major reaction: _____

Procedure for a Major reaction: _____

Parent/Guardian Signature: _____ Date: _____

School Administrator/Nurse Signature: _____ Date: _____

Please contact Susan Marincel, RN, School Nurse at 715-779-3201 Ext. 143 if your child's health status changes during this school year.

This information will be shared with the school personnel who are directly involved with your child.

Approved: August 10, 2009