



School Year 2023 – 2024

Dear Parent/Guardian:

Please read, complete and return the following information regarding the health and safety of your child.

Please clarify the allergy status of your child at _____ School.

Your child's name: _____ Room #: _____

Your child's primary physician: _____

Your child's primary dentist: _____

☐ My child **does not** or **has not ever had** any allergies or intolerances.

☐ My child **has outgrown or no longer exhibits** symptoms of an allergy or intolerance.
Outgrown Allergy: _____

☐ My child **has a non life-threatening** allergy or intolerance.

Current non life-threatening allergy or intolerance(s): _____

Allergy symptoms: _____

Actions to be taken when an allergic reaction is noted: (Read the reverse side of this form.) _____

☐ **My child has a life-threatening allergy.** Read the reverse side of this form for information regarding the completion of a Life-Threatening Allergy Management Plan (LAMP).

Current life-threatening allergy or intolerance(s): _____

Parent's signature

Parent's printed name

Phone #: _____

Date: _____

If you have any questions, please feel free to call your child's school nurse.

Sincerely,

Dr. Dennis Moore

Senior Director of Student Wellness (over →)

Department of Student Wellness
800 East City Hall Avenue, Suite 905 • Norfolk, Virginia 23510
phone: (757) 628-3928 • fax: (757) 628-3466

Non Life-Threatening Allergies

If your child has a non life-threatening allergy and requires medical intervention (i.e. a medication or treatment), NPS requires a physician's order indicating the medication or treatment prescribed. If you are in need of this form, please notify the school nurse.

Life-Threatening Allergies

If your child has a life-threatening allergy, NPS requires the Life-Threatening Allergy Management Plan (LAMP) to be completed by a physician identifying the medication and treatment. Medication must be brought to the school nurse by a parent or legal guardian. If you are in need of this form please notify the school nurse.

During school, **if your child indicates or shows signs of anaphylaxis**, medication indicated on the LAMP will be administered without delay. **EMS 911** will also be called during this event.

Anaphylaxis Signs and Symptoms

- Itching, tingling, or swelling of lips, tongue, mouth
- Metallic taste in the mouth
- Swelling of arms or legs
- Hives (red wheals), itchy rash
- Tightening of throat, difficulty swallowing, drooling, hoarseness
- Hacking or persistent cough
- Difficulty breathing
- Wheezing
- Nausea, vomiting, abdominal cramps, diarrhea
- Pale or red color to face and body
- Weak pulse, low blood pressure, fainting