


  
**ALLERGY FORM**  
**CAMP TBJ 2019 ALLERGY FORM**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ AGE \_\_\_\_\_

Many children are allergic or sensitive to certain food groups. Unfortunately, this information is not always completed on medical forms. In an effort to ensure that we do not provide anything incompatible to your child, please complete this form.

Cell Phone Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**ALLERGIES:**

Known Allergies:

Food(s): \_\_\_\_\_ Reaction: \_\_\_\_\_

Medicine(s): \_\_\_\_\_ Reaction: \_\_\_\_\_

Insect Bite(s): \_\_\_\_\_ Reaction: \_\_\_\_\_

Other: \_\_\_\_\_ Reaction: \_\_\_\_\_

**NOTE: Allergy Action Plan Form MUST be submitted with instructions for the treatment of an allergic reaction. Please contact Nurse Sandy at [spollara@tbj.org](mailto:spollara@tbj.org) to obtain this form.**

<input type="checkbox"/> My child has a history of asthma	Explain if box is checked
<input type="checkbox"/> My child is currently being treated for asthma	Explain if box is checked
<input type="checkbox"/> My child has a history of eczema	Explain if box is checked

**AUTHORIZATION FOR NON-PRESCRIPTION MEDICATIONS:** In the event of a minor medical emergency or illness, the School Nurse has my permission to administer the following over-the-counter medications according to the label instructions.

<b>Acetaminophen (Tylenol)</b> for discomfort, pain, fever	Yes	No
<b>Ibuprofen (Advil/Motrin)</b> for discomfort, pain, fever	Yes	No
<b>Diphenhydramine Liquid or Cream (Benadryl)</b> for allergic reactions, hives, severe itching	Yes	No
<b>Antibiotic Ointment (Neosporin)</b> for minor wounds	Yes	No

If your child should have an allergic reaction OR an asthma flare, we will call you immediately. Please provide any additional information or instructions that will make your child more comfortable in this situation.

My child has NO allergies.

I have read the above information.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Email completed form to [spollara@tbj.org](mailto:spollara@tbj.org)**