



ALLERGY FORM
CAMP TBJ 2021 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 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.

| | | |
|--|-----|----|
| Acetaminophen (Tylenol) for discomfort, pain, fever | Yes | No |
| Ibuprofen (Advil/Motrin) for discomfort, pain, fever | Yes | No |
| Diphenhydramine Liquid or Cream (Benadryl) for allergic reactions, hives, severe itching | Yes | No |
| Antibiotic Ointment (Neosporin) 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's Signature _____ Date _____