

JAC-CEN-DEL



Jac-Cen-Del Elementary School

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Osgood, IN 47037

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“A Four Star school with four star students and staff.”



Severe Allergy Health Care Plan

Name: _____ Allergy: _____

Your child's signs/symptoms of a reaction: _____

ACTION PLAN FOR REACTION:

List of student's medications: _____
(If medications are to be given at school please complete parent/doctor authorization form)

Dietary restriction: _____

Please know that most school employees will be aware of student's allergy and action plan for the safety of your child.

In the event your action plan calls for an EpiPen, a parent must ensure one is given to the nurse and kept in the nurses office at all times. The student may also carry one if permission is granted on parent/doctor authorization form.

Parent Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Kara Huff, RN