



Brussels American School
Unit 8100 Box 13
APO AE 09714-9998

Office of the School Nurse

MEMORANDUM for: Parents/Sponsor of: _____ Date: _____

SUBJECT: Allergies

An indication was made on your child's Health Record that she/he has allergies. To better assist your child at school, please complete the questionnaire below and return it to the school health office. If you have any questions, call Vicky Westland, 02 717-9552/9560.

1. What are your child's allergies?

___ Animals ___ Bees ___ Drugs ___ Environmental ___ Food ___ Insect bites ___ Wasps

Indicate specific allergens: _____

2. What kind of reaction does your child experience?

Localized swelling ___ Shortness of breath ___

Loss of consciousness ___ Hives (urticaria) ___

Other: _____

3. How has your child been treated after a reaction?

a. Received an injection: NO YES Specify: _____

b. Received oral medication: NO YES Specify: _____

c. Been hospitalized: NO YES Specify: _____

4. Does your child carry an Epi-Pen, ANA-Kit, or other medicine with her/him at all times? NO YES

5. Do you keep an Epi-Pen, ANA-Kit, or other medicine at home? NO YES

If you answered YES to either of the last two questions, the school should also have medication for your child. A local (Brussels) doctor's appointment for this is required. Bring the completed "Medication During School Hours" form (attached) and the labeled medication container to school. If your child must also carry the medication with him/her at school, please provide a completed "Permission for Student to Retain Control of Medication" form.

Thank you.

Vicky Westland, RN
 School Nurse