

2017-2018 School Year

Hello Parents,

The **Asthma and/or Food Allergy Action Plans** are here in the Health Portal. *You will have to print one off to have it signed by yourself and your doctor.* Rescan it in your computer and return to me via the Health Portal.

FOOD ALLERGIES: EPI PEN/BENADRYL

My child has food allergies and **will** have an EPI pen and Benadryl at school.

(Pharmacy label is required on EPI pen)

Please list all food allergies: _____

My child has food allergies but will **NOT** have an EPI pen at school.

My child no longer has food allergies.

My child **DOES NOT** have any food allergies.

ASTHMA: INHALER

My child has asthma and **will** have an inhaler at school. **(Pharmacy label is required on inhaler)**

My child has asthma, but will **NOT** have an inhaler at school.

My child no longer has asthma.

My child **DOES NOT** have asthma.

PLANS FOR 2017-18

My child has had an EPI pen/Benadryl/inhaler in the nurse's office for the 2016-17 school year

I want to:

Leave inhaler/EPI pen/Benadryl in nurse's office for **2017-2018.**

Send inhaler/EPI pen/Benadryl home for summer.

Thank you,
Glenda Olivas, R.N.
913 660-1106
golivas@stannpv.org

Electronic Parent Signature: _____ Date _____