

MEDICAL/ALLERGY FORM

Name of Student: _____ Date of Birth: _____

Name of parent/guardian _____ Phone: _____

Family Doctor: _____ Address: _____

Medical Insurance: _____ Policy Identification _____

In case of emergency contact parents/OR

Name of Contact	Phone

A. Please note any health problems, physical handicap, emotional difficulty, behavioral problem, or facts which may limit full participation in school/gym activities.

B. Student's immunization shots are current, i.e. tetanus and diphtheria, typhoid, smallpox, and polio vaccine Yes _____ No _____

C. Student is subject to:

- Asthma sensitive skin anemia nosebleed
 Ear ache sinus trouble seizures high blood pressure
 Fainting frequent colds headache motion sickness
 Tonsillitis sickle cell diabetes
 Eye infection bronchitis kidney problem
 Allergies (Describe/List)

D. Student wears contact lenses Yes _____ No _____

In case of emergency, I hereby give permission to _____ to take my child to the nearest emergency room.

Parent/Guardian signature: _____ Date: _____

Food Allergy Policy

Olivet Academy recognizes the potentially serious consequences of children with allergies. In response to the increasing rates of allergies among children, Allergic reactions can come on rapidly and be life-threatening, we need everyone's cooperation in preventing an incident. The following gives more detail as to how we can work together to keep the students healthy and safe.

If a child/children has a food allergy (peanut, tree nuts or other)

- 1) We will work together to make snack time safe and enjoyable for all.
- 2) Check the labels of snacks before you pack them in. Check ingredients and look for warning or safety notices (usually near the ingredients) such as "Contains nuts" or "Wheat free" or "Processed in a facility that processes nuts."
- 3) Be aware that many organic brands that are usually considered healthy options for children may be processed in smaller facilities that also process nuts.

If your child has allergies

- 1) Complete the allergy section on the Preschool Application Form.
- 2) Let the teacher know immediately. Plans will be made to best accommodate the student.
- 3) If your child has to treat with an epi-pen, that should be kept at school for your child. Teachers have been instructed to recognize the signs and symptoms of an anaphylactic reaction. One copy of a Food Allergy Action Plan should be stored with each student's epi-pen.

Food allergies are a serious issue and we appreciate your cooperation in ensuring the safety of all the students. We encourage parents to share concerns or questions.

I have read through and acknowledge that I will adhere to these policies.

Parents Name: _____

Date: _____

Signature: _____