

Health Office Memorandum

CONFIDENTIAL STUDENT INFORMATION

DATE:

TO:

FROM:

RE: Student (s) _____ **ALLERGIC TO:** _____

This memorandum is to notify you that the above student (s) have a health condition that may affect attendance or learning.

Diagnosis/Condition: Avoid offending product: _____ . If the student comes in contact with offending products contact the health office immediately. Signs of an allergic reaction may include the following: breathing problems, rash, coughing, wheezing, hives, swelling about the face, mouth and eyes and unconsciousness.

Comments:

Medication at school for allergic reaction:	Yes	No
Epi Pen	Yes	No

Health Office Memorandum

CONFIDENTIAL STUDENT INFORMATION

DATE:

TO:

FROM:

RE: Student (s) BEE STING/ INSECT ALLERGY: _____

This memorandum is to notify you that the above student has a health condition that may affect attendance or learning.

Diagnosis/Condition: If the student is stung by a bee or insect contact the health office immediately. Signs of an allergic reaction may include the following: breathing problems, rash, coughing, wheezing, hives, swelling about the face, mouth and eyes and unconsciousness.

Comments:

Student has an Epi-Pen at school	Yes	No
Student has medication in the health office	Yes	No

SECTION 4