ArrowsAcademy School Year: _____

Medical Health Form

Please complete this page if "yes" is checked on any of the medical questions on the registration form. Attach more information as needed.

Student Name: _____ Date of Birth: _____ Date: _____

Parent / Guardian: _____ Phone: _____

Condition	No	Yes	List Symptoms / Medications Needed / Comments	Medication to be given at school?
Attention Deficit (ADD, ADHD)				
Bone or Joint				
Earaches (Frequent? Tubes?)				
Emotional/Phycological Disorder				
Headaches (Frequent or takes medicine?)				
Heart				
Hypertension (High blood pressure)				
Nose Bleeds				
Physical Handicap				
Seasonal Allergies				
Sinus				
Speech / Hearing				
Stomach / Digestive				
Surgery				
Vision			Glasses? Yes ☐ No ☐ Contacts? Yes ☐ No ☐	
Life Threatening Conditions / Anaphylaxis (Conditions listed in this section require an Plan of Action)				
Asthma				
Seizure				
Diabetes				
Allergy to Food				
If yes, life-threatening?				
Allergy to Medication				
If yes, life-threatening?				
Allery to Insects				
If yes, life-threatening?				

Describe any handicaps, special needs or medical conditions not listed above (use additional paper, as needed:

ArrowsAcademy School Year: _____

Food Allergy Assessment Form (attach more information as needed)

Student Name: _____ Date of Birth: _____ Date: _____

Parent / Guardian: _____ Phone: _____

Do **you think** your child's food allergy may be **life-threatening**? No ☐ Yes ☐
(If yes, a brief meeting with administration is required.)

Did your student's **health care provider tell you** the food allergy may be **life-threatening**? ☐ No ☐ Yes
(If yes, a brief meeting with administration is required.)

History and Current Status

Check the foods that have caused an allergic reaction:

☐ a. Peanuts
☐ b. Peanut or nut butter
☐ c. Peanut or nut oils
☐ d. Fish / shellfish
☐ e. Soy products
☐ f. Tree nuts (walnuts, almonds, pecans, etc)
☐ g. Eggs
☐ h. Milk

g. Please list any other food allergens: _____

FOOD SPECIFIC REACTIONS - Food 1 (list a, b, c, d, etc): _____

When was the last reaction? _____
What trigger happens for your student to react to the problem food? (Check all that apply):

____ Eating foods ____ Touching foods ____ Smelling foods ____ Other (please explain:____

_____

What are the signs and symptoms of your student's allergic reaction? (Be specific; include things the student might say to describe how they feel): _____

_____

How quickly to the signs and symptoms appear after exposure to the food?

____ seconds ____ minutes ____ hours ____ days

FOOD SPECIFIC REACTIONS - Food 2 (list a, b, c, d, etc): _____

When was the last reaction? _____
What trigger happens for your student to react to the problem food? (Check all that apply):

____ Eating foods ____ Touching foods ____ Smelling foods ____ Other (please explain:____

_____

What are the signs and symptoms of your student's allergic reaction? (Be specific; include things the student might say to describe how they feel): _____

_____

How quickly to the signs and symptoms appear after exposure to the food?

____ seconds ____ minutes ____ hours ____ days

Asthmatic? No Yes (higher risk for severe reaction)

Meals & Snacks: (for life-threatening allergies, we recommend all food be brought from home, including water bottles).

Does your student need to sit at an "Allergy-Free Zone" table while eating lunch? ☐No ☐Yes

Does your student need to only eat food provided from home? ☐No ☐Yes

It is recommended if your student plans to eat snacks provided by others in the classroom that a supply of alternative snacks, provided by the parent, is kept in the classroom.

Medical Treatment Plan:

Symptoms:	**Check 1st course of action**	
	Epi Pen	Antihistamine
• If a food allergen has been ingested, but *no symptoms:*		
• Mouth: Itching, tingling, or swelling of lips, tongue, mouth		
• Skin: Hives, itchy rash, swelling of the face of extremities		
• Gut: Nausea, abdominal cramps, vomiting, diarrhea		
• Throat: Tightening of throat, hoarseness, hacking cough		
• Lung: Shortness of breath, repetitive coughing, wheezing		
• Other:		
• If reaction is progressing (several of the above areas affected, give:		

Please use the below space (attach pages as necessary, or a typed plan) for a step-by-step treatment plan, if we suspect an allergic reaction is taking place in your student.

Parent Responsibilities:

- Provide EpiPen and/or other prescribed medications by first day of school
- Inform Admin of any changes or allergic/anaphylactic episodes (kathleen@arrowsacademy.org).
- Provide lunch from home (not required, but safest option. Currently we use Chic-fil-a for Tuesdays and Little Caesars for Wednesday, in addition to fresh fruit, packages drinks, and Lays chips).
- Complete the Food Allergy Assessment Form