

Northern Valley Regional High School at Demarest
Health Office

Date: _____

To the Parent/Guardian of: _____

Grade: _____

The health record/emergency card indicates that your child has an allergy to:

In an effort to better assist your child in the event of an allergic reaction, please complete the following questions and **return both signed forms** to the health office.

1. Describe the type of reaction your child has experienced. (e.g. rash, itching, swelling, respiratory problems, anaphylaxis or hospital visit).

2. Does your child require medication for this reaction? Yes _____ No _____

3. If the above answer is "yes", please indicate the name of the medications. Medications must be provided to the school in the original prescription package, properly labeled by a registered pharmacist or a sealed over-the-counter package.

Name of Medications: _____

Your Physician must fill out the enclosed **Allergy Emergency Treatment Form.**

4. Please add any other information that will assist the nurse and staff in the care of your child (e.g. other allergens not listed or if condition has changed/no longer allergic to above item).

Parent Signature

Date

Sincerely,

Debra Mogelesky, RN, MS
201-768-3200 ext. 13360
Mogelesky@nvnet.org

