



The Webster School  
420 N. Orange St  
St. Augustine, FL 32084  
(904) 547-3860  
www.webster.stjohns.k12.fl.us

To the Parent/Guardian of:

School records specify that your child has an **allergy**. In order to provide better health services to your child in school, we need to know if this is currently a problem and if your child needs special observation for this condition in school. Please complete this form and return to the school.

If your child needs to have medication at school, there is an additional form that must be completed and signed by both the parent/guardian and the physician prescribing the medication. School policy requires that any medication (prescription or over-the-counter) taken at school will need an order from the physician.

All medical information is confidential and will be shared only with the teaching staff working with your child.

If you have any questions or concerns, please contact me at the school **904-547-3802**.

\_\_\_\_\_  
Nina Hall – Webster School Nurse

My child is allergic to:

**Insects:**     bees     wasps     other \_\_\_\_\_

**Environmental:**     animals     plants     latex     other \_\_\_\_\_

**Foods:** \_\_\_\_\_

What are the symptoms of the allergic reaction?

rash/hives     difficulty breathing     swelling of area     headaches

other \_\_\_\_\_

**Is the allergy life threatening?** \_\_\_\_\_

These symptoms are treated by: \_\_\_\_\_

Medications used to treat this reaction: \_\_\_\_\_

Who is the physician treating your child? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*\*\*\*\*

**IF YOUR CHILD IS NO LONGER BEING TREATED FOR THIS CONDITION AND YOU WOULD LIKE IT REMOVED FROM THE SCHOOL RECORDS, PLEASE SIGN BELOW AND RETURN TO THE SCHOOL NURSE.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date