



Dear Parent(s),

Because each child with allergies presents a little differently and responds to different interventions, I would like to know from you how to prevent and respond to an allergic reaction, specific to your child. This packet includes required forms to assist me in this endeavor.

- **The Allergy Action Plan-** This form is for me, and necessary staff, to use if your child is exposed to an allergen. This form will be sent with LCA staff members on field trips. **A physician signature is required.**
- **The Allergy IHP-** The information documented on this form will assist us in deciding on any accommodations, if needed, to the classroom environment, and class parties. This form does not require a physician signature.
- **Medication form-** This form is for non-prescription and prescription medications and must be completed in its entirety. **Each medication, and child, requires a separate form; I cannot have multiple medications, or student names, listed on one form.** **All medication is to be stored in the clinic.** Medications must be unexpired, unopened, and in the original container; and have a pharmacy label if it's a prescription medication. Please remember that **all prescription medications must have a physician signature** on the medication form. The clinic will not accept any medication unless accompanied with this completed form, and with the appropriate signatures.
- **Self-Carried Medication applies only to emergency medications and is limited to JH and HS. Please note that according to ORC 3313.718, you are required to give the clinic a back up EpiPen if you choose to allow your child to self carry one.**

Please have this paperwork completed over the summer, as it can take several weeks for physicians to complete them, and prepare any required prescriptions. If you have any questions, please contact me.

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