Hortonville Area Schools

Allergy Action Plan

Student's Name: _____ Birthdate: _____

School: _____ Grade: _____ School Year: _____

Parent/Guardian: _____

Mother's Home Phone: _____ Father's Home Phone: _____

Mother's Cell: _____ Father's Cell: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Physician: _____ Physician's Phone: _____

This student has an allergy to: _____

Symptoms of a minor reaction: _____

Procedure for a minor reaction: _____

Symptoms of a major reaction: _____

Procedure for a Major reaction: _____

Parent/Guardian Signature: _____ Date: _____

School Administrator/Nurse Signature: _____ Date: _____

- Please contact one of the following if your child's health status changes during this school year.
    - Sandy Schulz, RN, District Nurse 920-740-8864
      920-779-7933 Ext. 17132
- This information will be shared with the school personnel who are directly involved with your child.

Revised 1-09