



**DESERT HEIGHTS SCHOOLS  
ALLERGY VERIFICATION FORM  
SCHOOL YEAR: 2017 - 2018**



A new verification form must be completed every school year.

Please complete all pertinent information for any type of allergies. If your child's allergies require taking medication(s), please make sure to bring these to the Health Center and complete a Medication Permission Form. Over the counter medications must be age appropriate and in the original container. Prescription medications must display the pharmacy label with the student's name and current dosage instructions. Written Medical Request/Authorization is required if the student must carry self-administering medication (i.e.: EpiPen) during school hours. Otherwise, medications are kept in the Health Center and are dispensed to our students accordingly.

**\*WRITTEN MEDICAL TREATMENT PLAN FOR SCHOOL ANAPHYLAXIS EMERGENCIES IS REQUIRED\***

DHCS     DHPA

Student's Name

DOB

Grade Level / Teacher

Parent's Name

Address

Phone Number

**Food Allergies:**

**Reaction:**

**Treatment/Medication**

Food Allergies:	Reaction:	Treatment/Medication

PLEASE SPECIFY SEVERITY (example: Nut Allergies - reaction to residue, etc.)

**Other Allergies:**

**Reaction:**

**Treatment/Medication**

Other Allergies:	Reaction:	Treatment/Medication

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

Date: \_\_\_\_\_

WRITTEN MEDICAL TREATMENT PLAN ATTACHED

Initials: \_\_\_\_\_

Copy to:    Health Center    Registrar    Teacher