

SEVERE ALLERGY FORM (non-food)

To be filled out by Parent or Guardian

CONFIDENTIAL

HH #: _____



Forms that were completed for your child's current school year with a physician signature may be submitted in addition to this form, and the physician signature on that form can be used in place of this form.

Completion of this form is required along with a parent or guardian signature



The City of Bloomington, Parks and Recreation intends to use the requested information to provide for your child's health and safety while at programming. You may refuse to supply the requested personal information. There will be no consequence for not providing the information. It may result in an incomplete health plan for your child. The information you provide will be shared only with staff in the program whose jobs require access to this information to ensure your child's safety.

Effective Year: _____


PARTICIPANT

FIRST NAME: _____ LAST NAME: _____

BIRTH DATE: _____ Male Female

HOME PHONE: _____ CELL #: _____

ALLERGY TO (non-food):

Asthmatic*? No Yes  Participants with asthma are at risk for more severe reaction.

SEVERE ALLERGY

SIGNS OF AN ALLERGIC REACTION

MOUTH = itching & swelling of the lips, tongue, or mouth
THROAT* = itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
SKIN = hives, itchy rash, and/or swelling about the face or extremities
GUT = nausea, abdominal cramps, vomiting, and/or diarrhea
LUNG* = shortness of breath, repetitive coughing, and/or wheezing
HEART* = "thread" pulse, "passing-out"
 * All symptoms can potentially progress to a life-threatening situation

ACTION PLAN for MINOR REACTION

- If the **only symptom(s)** are _____
 Give _____
 *medication/dose/route/frequency
Then:
- Call parents/guardians or emergency contacts.
- If symptoms do not improve in 10 minutes, follow steps for MAJOR REACTION below.

ACTION PLAN for MAJOR REACTION

- If **symptom(s)** are _____
 Give **EPI PEN®*** _____ IMMEDIATELY!
 dose/route
 Location of Epi Pen®(s): _____
Then call:
- Rescue 911 (ask for advanced life support)
- Parents/guardians or emergency contacts.
- Stay with participant until paramedics arrive.

SEVERE ALLERGY

Please list any additional information:

* Please complete separate Asthma and/or Medication Form

OVER 



SEVERE ALLERGY (non-food) CONTINUED

CONFIDENTIAL



Forms that were completed for your child's current school year with a physician signature may be submitted in addition to this form, and the physician signature on that form can be used in place of this form.
Completion of this form is required along with a parent or guardian signature



RETURN TO: City of Bloomington, Parks & Recreation, 1800 W. Old Shakopee Rd,
Bloomington, MN 55431

Please do not forget the necessary signatures below.

Effective Year: _____

Physician Signature:

Date:

Only necessary if medication or treatment needed at program

Form Completed by:

Relationship to Participant:

Date:

Phone:

The Data Practices Act requires that we inform you or your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. This information can be shared with the Bloomington Parks and Recreation staff. You can withhold this data, but you may not receive updated program information and/or accommodations. Your signature on this form indicates you understand these rights.

Signature of legal guardian REQUIRED

SIGNATURE: _____ **DATE:** _____

OFFICE ONLY: Received on _____ (date) by _____ (Staff)
RecTrac updated? Y / N Plan Created? Y / N
Parent/Guardian contacted? Y / N P/G contacted on _____ (date)

Community Services Department Parks and Recreation Division PH 952-563-8877 parksrec@bloomingtonmn.gov
1800 W. Old Shakopee Road FAX 952-563-8715 BloomingtonMN.gov
Bloomington, MN 55431-3027 TTY 952-563-8740

The City of Bloomington does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its services, programs, or activities. Upon request, accommodation will be provided to allow individuals with disabilities to participate in all City of Bloomington services, programs, and activities. Upon request, this information can be available in Braille, large print, audio tape and/or computer disk.