

Northern Valley Regional High School at Old Tappan
Health Office

Dear Parent/Guardian of: _____

The health record/emergency card indicates that your child has an allergy to:

In an effort to better assist your child in the event of an allergic reaction, please complete the following questions and **return both forms** to the health office.

1. Describe the type of reaction your child has experienced. (For example, rash, itching, swelling, respiratory problems, anaphylaxis or hospital visit).

2. Does your child require medication for this reaction? Yes _____ No _____

3. If the above answer is "yes", please indicate the name of the medication and if the medication will be stored in school.

Name of medication: _____
Will it be kept in school? YES _____ NO _____

Have your physician fill out the Allergy Emergency Treatment Form.

4. Please add any other information that will assist the nurse and staff in the care of your child (ex. other allergens not listed or if condition has changed).

Thank you,

Virginia Ferencevych, RN, MS
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