



Union Township School Corporation
Health Services

ALLERGY TO LATEX

Dear Parent (Guardian) of _____ : Date _____

You notified the school that your child has a history of allergic symptoms to latex. Please describe in detail the symptoms that have occurred. If your doctor has prescribed specific use of emergency medications, ask your doctor to complete the authorization provided. Your timely response to this letter will help individualize your child's care. All medications must be provided in original labeled containers.

Thank you!

Sincerely,

School Phone No. _____ R.N. _____

.....
Past symptoms when child had a reaction to latex, plus last date: _____

Actions to be taken if child comes in contact with latex: _____

Please call the following people:

- (1) _____ Phone: _____ Relationship: _____
- (2) _____ Phone: _____ Relationship: _____

I understand that should I or designated persons not be available, School personnel will contact Emergency Medical Services for care at my expense.

Date: _____ Parent (Guardian) Signature: _____

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MEDICAL AUTHORIZATION OF CARE AFTER LATEX REACTION

Student: _____ School: _____

- Oral/Tab Benadryl dose _____
- Epi-Pen Jr. 0.15cc to be given immediately by trained school staff.
- Epi-Pen 0.3cc to be given immediately by trained school staff.
- Student may carry and self-administer Epi-Pen (Applies to Middle and High School students. Elementary Schools store meds in clinic.)

Follow-Up care: _____

Date: _____ Dr Signature & Phone No. _____
