

Information needed for completion of all school forms

Requesting Food Allergy Action Plan Y/N

Requesting Asthma Management Plan Y/N

Patient Name _____

Date of Birth _____

Current Weight _____

Allergens:

Does the student have Asthma Y/N

If the student has Asthma, are they on a daily controller medication Y/N

Is the student an OIT patient or graduate Y/N

Student may self-carry Epinephrine Y/N

Student may self-administer Epinephrine Y/N

Student may self-carry Albuterol Y/N

Parents/Guardians

Should Epinephrine be given immediately if allergen was LIKELY eaten Y/N

Should Epinephrine be given immediately if allergen was DEFINITELY eaten Y/N

Contact Name _____

Contact Number _____

Contact Email (completed forms will be sent here)

Patient engagement will review your school forms request within 5 business days. Normal return with the presence of all necessary data is up to 10 business days depending on the volume of forms requests. If your symptoms are not well controlled or you have not been seen for your annual visit within the last 365 days you will be contacted to schedule an in person or virtual visit (if applicable).

Please make sure to upload your school forms with the submission of this request. Please make sure to attach the forms in a format that your school will accept once completed. To ensure each patient's data is properly collected and reflected on forms our staff cannot process forms requests that are not accompanied with the school forms needed.