



THORNTON TOWNSHIP HIGH SCHOOL DISTRICT 205
465 EAST 170TH STREET • SOUTH HOLLAND, ILLINOIS 60473-3481
708.225.4000 • FAX: 708.225.4004
WWW.DISTRICT205.NET

Nathaniel Cunningham Jr., Ph.D., Superintendent

Allergy History Form

(Return to School Nurse)

Dear Parent/Guardian of: _____ Date: _____

According to your child's health records, he/she has an allergy to:

Please provide us with more information about your child's health needs by responding to the following questions and returning this form to the school office.

- 1) When and how did you first become aware of the allergy?
- 2) When was the last time your child had a reaction?
- 3) Please describe the signs and symptoms of the reaction.
- 4) What medical treatment was provided and by whom?
- 5) If medication is required while your child is at school, the enclosed Emergency Action Plan (EAP) and Medication Authorization forms must be completed by a licensed medical provider and parent/guardian. Do you have an EAP?
- 6) Please describe the steps you would like us to take if your child is exposed to this allergen while at school.

Thornton Township High Schools District 205 and its staff members are not liable for any injury arising from the administration of medication, except for willful and wanton conduct. Also, physicians who provide this school district with standing orders and/or prescriptions for epinephrine auto-injectors are also not liable for any injury arising from the administration of medication, except for willful and wanton conduct. Signing the bottom of this form means you acknowledge the above limited liability.

Parent or Guardian: _____ Date: _____

Signature: _____

Ebonie Williams, Principal
THORNRIDGE HIGH SCHOOL
15000 Cottage Grove Ave.
Dolton, Illinois 60419
708.841.5180

Tony Ratliff, Principal
THORNTON HIGH SCHOOL
15001 Broadway Ave.
Harvey, Illinois 60426
708.596.1000

Don C. Holmes, Principal
THORNWOOD HIGH SCHOOL
17101 South Park Ave.
South Holland, Illinois 60473
708.339.7800