



School Gym Teacher

Date _____

Dear _____

_____ School District

_____ School Name

_____ Closest Hospital Phone #

My child _____, has serious life-threatening allergies to

_____.

Life threatening reactions may include

_____.

_____ My child has exercise induced asthma. Please watch his/her breathing.

_____ My child has asthma which may prohibit exercise when he/she is ill.

_____ My child does NOT have asthma.

Please help keep my child safe during school by eliminating these allergic triggers from the gym area.

If a reaction requires emergency treatments, he/she

_____ carries emergency medicine in his/her backpack and can administer his/her medication.

_____ keeps his/her medicine in the school nurse's office.

If my child can not breathe **call 911** immediately.

Our phone numbers in case of emergency are.

Parent's Name _____

Home _____ Cell _____

Alternative Cell _____

Thank you

