Front

School life guidance form (Allergy diseases)

Name _____ Male・Female Date of birth Yr mth day (age) School Yr Class Submission date Yr Mth Day .

Bronchial asthma (Yes・No)

State of condition and medical treatment

A. Level of condition (Asthma attacks)
1. Intermittent
2. Minor and ongoing
3. Moderate and ongoing
4. Serious and ongoing

C. Acute attack treatment medicine
1. Beta stimulator inhalation
2. Internal usage beta stimulator

D. How to deal with an acute attack (Write freely)

B－1. Long term control medicine (Inhaler Form)
1. Steroid inhaler
2. Long acting inhalation beta stimulant
3. Antiallergic drug inhalation (「Intal®」)
4. Other ( )

B－2. Long term control medicine (Internal medicine and external application medicine)
1. Theophylline sustained release system
2. Leukotriene receptor antagonist
3. Beta stimulator internal medicine and external application medicine
4. Other ( )

Additional notes for school life

A. Exercise (P.E., club activities and others)
1. No controls necessary
2. Consult and decide with guardian
3. Heavy exercise is not allowed

B. Activities, which take place in dusty environments or involve contact with animals
1. No special considerations
2. Consult and decide with guardian
3. Not allowed due to strong allergic reactions to animals
List animals ( )

C. Off campus activities involving overnight stays
1. No special considerations
2. Consult and decide with guardian

D. Other activities, which need consideration or management (Write freely)

Emergency Contact Details

★Guardian
Telephone:

★Medical Institute Contact
Medical Institute:
Phone:
※ May differ from stated medical institute

Submission date Yr Mth Day .
Doctor's name (印)
Medical Institute

Atopic dermatitis (Yes・No)

State of condition and medical treatment

A. State of condition (Welfare and labor scientific research group)
1. Minor rash: Regardless of the size of the area of skin, only a slight rash is visible.
2. Moderate rash: The rash, which accompanies an intense irritation, is visible on less than 10% of the body.
3. Severe rash: The rash, which accompanies an intense irritation, is visible on more than 10% but less than 30% of the body.
4. Very severe rash: The rash, which accompanies an intense irritation, is visible on more than 30% of the body.

＊Minor rash: slight degree of erythema, dryness or lesions in scaly skin
＊Rash which accompanies an intense irritation: lesion which accompanies erythema, papules, seepage, lichenification or other such ailments

B－1. Daily use external medicine
1. Steroid ointment
2. Tacrolimus ointment (「Protopic®」)
3. Moisturizer
4. Other ( )

B－2. Daily use internal medicine
1. Antihistamine
2. Other ( )

C. Food allergies
1. Yes
2. No

Additional notes for school life

A. Activities involving long periods exposed to UV rays and swimming lessons
1. No controls necessary
2. Consult and decide with guardian

B. Contact with animals
1. No special considerations
2. Consult and decide with guardian
3. Not allowed due to strong allergic reactions to animals

Name of animal ( )

C. After perspiration
1. No special considerations
2. Consult and decide with guardian
3. (If available in school facility) Summer showers or baths

D. Other considerations or controls (Write freely)

Submission date Yr Mth Day .
Doctor's name (印)
Medical Institute

Allergic conjunctivitis (Yes・No)

State of condition and medical treatment

A. State of condition
1. Perennial allergic conjunctivitis
2. Seasonal allergic conjunctivitis (Hay fever)
3. Vernal conjunctivitis
4. Atopic keratoconjunctivitis
5. Other ( )

B. Medical treatment
1. Antiallergy eye drops
2. Steroid eye drops
3. Immunosurpression eye drops
4. Other ( )

Additional notes for school life

A. Swimming lessons
1. No controls necessary
2. Consult and decide with guardian
3. Not allowed to enter pool

B. Outdoor controls
1. No controls necessary
2. Consult and decide with guardian

C. Other considerations or controls (Write freely)

Submission date Yr Mth Day .
Doctor's name (印)
Medical Institute

Created by the Japanese Society of School Health

This form is based on a Japanese Society for School Health form, partially revised by the Gifu Board of Education.

Back

School life guidance form (Allergy diseases)

Created by the Japanese Society of School Health

Name ______________________ Male・Female Date of birth Yr mth day (age) School Yr Class Submission date Yr Mth Day

Food allergy (Yes・No) / Anaphylaxis (Yes・No)

State of condition and medical treatment	Additional notes for school life	Contact Details (Emergency)
A. Food allergies (Only fill in if the child has a food allergy) 1. Immediate type 2. Oral allergy syndrome 3. Anaphylaxis caused by food dependency	A. School lunch 1. No controls necessary 2. Consult and decide with guardian	★Guardian Telephone:
B. State of anaphylaxis (Only fill in if child has suffered anaphylaxis in the past) 1. Caused from food ( ) 2. Food dependency and exercise induced anaphylaxis 3. Exercise induced anaphylaxis 4. By insects 5. By drugs and medicine 6. Other ( )	B. Food, classes involving foodstuffs and activities 1. No special considerations 2. Consult and decide with guardian C. Exercise (P.E., Club Activities and others) 1. No controls necessary 2. Consult and decide with guardian	★Medical Institute Contact Medical institute: Telephone: ※ May differ from stated medical institute
C. Food allergies and basis for diagnosis Circle the number of the corresponding foodstuff and place reason 1,2 or 3 in the appropriate bracket 1. Chicken eggs ( ) 2. Milk and dairy produce ( ) 3. Wheat ( ) 4. Buckwheat ( ) 5. Peanuts ( ) 6. Nuts and seeds ( ) ( ) 7. Crustaceans (Shrimp, Crab) ( ) 8. Fruits ( ) ( ) 9. Fish ( ) ( ) 10. Meats ( ) ( ) 11. Other 1 ( ) ( ) 12. Other 2 ( ) ( ) Place one of the following reasons for diagnosis in the appropriate brackets ①Obvious history of the condition ②Positive food tolerance test ③Positive test result for IgE antibodies or other such	D. Off campus activities involving overnight stays 1. No special considerations 2. Consideration necessary for meals and events E. Other considerations or controls (Write freely)	Submission date Yr Mth Day Doctor's name ㊞ Medical Institute
D. Prescription prepared for emergency 1. Internal medicine (Antihistamine, steroid drugs) 2. Adrenaline self injection (「EpiPen®」) 3. Other ( )		

Allergic conjunctivitis (Yes・No)

State of condition and medical treatment	Additional notes for school life	
A. State of condition 1. Perennial allergic rhinitis 2. Seasonal allergic conjunctivitis (Hay fever) Main symptoms occur in; spring , summer , fall , winter	A. Outdoor activities 1. No controls necessary 2. Consult and decide with guardian	Submission date Yr Mth Day Doctor's name ㊞
B. State of condition 1. Antihistamine drug, anti allergy drug (Internal use) 2. Nasal spray steroid drug 3. Other ( )	B. Other considerations or controls (Write freely)	Medical Institute

●Do you consent to sharing the above information with the teaching faculty for use in day to day school life and emergencies?

1. I consent
2. I do not conser Guardian signature: ______________________

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