





**Olton ISD**  
**Allergy & Anaphylaxis History Form**

**If yes to #3, #4, or #5**, the attached *Medication Administration Form* must be completed and returned to the school nurse with the medication. The medication must be in the original labeled container and must always have a current prescription label.

In addition, please thoroughly complete the attached *FARE* form. This will allow the school nurse to complete an IHP (care plan) for your student to ensure that staff is able to provide the best care to your student if and when needed.