

S c h o o l e r g y l i f e d i s e a s e s	B r o n c h i a l a s t h m a  (Yes · No)	State of condition and medical treatment		Additional notes for school life		D e c i d e m e n t a l l e r g y i n s i c t a n c y	Guardian			
		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			A . Exercise (P.E., club activities and others) 1 . No controls necessary 2 . Consult and decide with guardian 3 . Heavy exercise is not allowed		Telephone:	
		B - 1 . Long term control medicine (Inhaler Form) 1 . Steroid inhaler 2 . Long acting inhalation beta stimulant 3 . Antiallergic drug inhalation ( 'Intal®' ) 4 . Other ( )		D . How to deal with an acute attack (Write freely)			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 ( )		Medical Institute Contact Medical Institute:	
		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 ( )					C . Off campus activities involving overnight stays 1 . No special considerations 2 . Consult and decide with guardian		Phone: May differ from stated medical institute	
				D . Other activities, which need consideration or management (Write freely)		Submission date		Yr _____ Mth _____ Day _____		
						Doctor's name				
						Medical Institute				

S c h o o l e r g y l i f e d i s e a s e s	A t o p i c d e r m a t i t i s  (Yes · No)	State of condition and medical treatment			Additional notes for school life			Submission date					
		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. <small>* 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</small>			A . Activities involving long periods exposed to UV rays and swimming lessons 1 . No controls necessary 2 . Consult and decide with guardian			C . After perspiration 1 . No special considerations 2 . Consult and decide with guardian 3 . (If available in school facility) Summer showers or baths					
		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 ( )			B . Contact with animals 1 . No special considerations 2 . Consult and decide with guardian 3 . Not allowed due to strong allergic reactions to animals			D . Other considerations or controls (Write freely)		
		C . Food allergies 1 . Yes 2 . No			Name of animal ( )								
								Submission date		Yr _____ Mth _____ Day _____			
								Doctor's name					
								Medical Institute					

S c h o o l e r g y l i f e d i s e a s e s	A l l e r g i c c o n j u n c t i v i t i s  (Yes · No)	State of condition and medical treatment		Additional notes for school life		Submission date			
		A . State of condition 1 . Perennial allergic conjunctivitis 2 . Seasonal allergic conjunctivitis (Hay fever) 3 . Vernal conjunctivitis 4 . Atopic keratoconjunctivitis 5 . Other ( )		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		Doctor's name	
		B . Medical treatment 1 . Antiallergy eye drops 2 . Steroid eye drops 3 . Immunosuppression eye drops 4 . Other ( )		C . Other considerations or controls (Write freely)				Medical Institute	
						Submission date		Yr _____ Mth _____ Day _____	
						Doctor's name			
						Medical Institute			

Name \_\_\_\_\_ Male·Female Date of birth Yr mth day ( age) School \_\_\_\_\_ Yr Class \_\_\_\_\_ Submission date Yr Mth Day \_\_\_\_\_

S c h o o l l i f e g u i d a n c e f o r m	A l l e r g y d i s e a s e ( Y e s · N o )	State of condition and medical treatment	Additional notes for school life	C o n t a c t e m e r g e n c y i s	Guardian Telephone: _____
		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 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( ) 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 ( ) ( ) D . Prescription prepared for emergency 1 . Internal medicine (Antihistamine, steroid drugs) 2 . Adrenaline self injection (EpiPen®) 3 . Other( )	A . School lunch 1 . No controls necessary 2 . Consult and decide with guardian 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 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)		Medical Institute Contact Medical institute: _____ Telephone: _____ May differ from stated medical institute
S S J C c o a r h c p e o i a a o e n t l t e e l y s d e b e a f y t h e	A l l e r g y d i s e a s e ( Y e s · N o )	State of condition and medical treatment	Additional notes for school life	C o n t a c t e m e r g e n c y i s	Submission date _____ Yr Mth Day _____ Doctor's name _____ Medical Institute _____
		A . State of condition 1 . Perennial allergic rhinitis 2 . Seasonal allergic conjunctivitis (Hay fever) Main symptoms occur in; spring , summer , fall , winter B . State of condition 1 . Antihistamine drug, anti allergy drug (Internal use) 2 . Nasal spray steroid drug 3 . Other( )	A . Outdoor activities 1 . No controls necessary 2 . Consult and decide with guardian B . Other considerations or controls (Write freely)		Submission date _____ Yr Mth Day _____ Doctor's name _____ 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 consent

Guardian signature: \_\_\_\_\_