

School of the Art Institute of Chicago **Continuing Studies**

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ALLERGY HISTORY & INFORMATION FORM

Complete this form only if your child has an allergy that may require emergency assistance. If emergency medication may be required while your child is at SAIC, an Emergency Action Plan (EAP) form must be completed by your child's physician and submitted prior to

on file from your child's physician.		
STUDENT NAME (PLEASE PRINT):	ID NUMBER:	
ALLERGENS:		
WHEN AND HOW DID YOU FIRST BECOME AWARE OF THE ALLERGY?		
WHEN WAS THE LAST TIME YOUR CHILD HAD A REACTION?		
PLEASE DESCRIBE THE SIGNS AND SYMPTOMS OF THE REACTION:		
WHAT MEDICAL TREATMENT WAS PROVIDED, AND BY WHOM?		
SAIC staff members are not trained medical professionals. However, an emergency. For students enrolled in the Children's Workshops, pa on-campus for the duration of their child's class. The EpiPen must b Early College Program students, SAIC expects that the students will	arents are required to provide SAIC with an EpiPen to be stored e clearly marked with the child's name. For Middle School and	
SAIC staff members will only administer medication in the event of a self-administered or be arranged to be administered by parents.	in emergency. All other non-emergency medication should be	

Please note that SAIC staff are not able to administer over-the-counter (non-prescription) medication, even if a physician indicates use of said medication in the student's Emergency Action Plan (EAP). If non-prescription medication is indicated on a student's EAP, parents will be asked to follow up with their physician to update the form.

PARENT/GUARDIAN NAME (PLEASE PRINT):	PARENT/GUARDIAN SIGNATURE:	DATE: