【Front】School Life Management Guidance Form (for Allergy Conditions)

Name _____ (M・F) DoB _____ Year _____ Month _____ Day _____ _____ Submission Date _____ Year _____ Month _____ Day

※This School Life Management Guidance Form is created by a physician when special consideration or management is required in the school environment.

Anaphylaxis / Food Allergy (Yes・No)

Medical Condition and Treatment

A Type of Food Allergy (to be specified only if there is a food allergy)

1. Immediate-Type
2. Oral Allergy Syndrome
3. Food-Dependent Exercise-Induced Anaphylaxis

B Type of Anaphylaxis (to be specified only if there is a history of anaphylaxis)

1. Food (Cause)
2. Food-Dependent Exercise-Induced Anaphylaxis
3. Exercise-Induced Anaphylaxis
4. Insects ( )
5. Medication ( )
6. Others ( )

C Trigger Foods and Removal Basis Place a checkmark next to the corresponding food item number and provide the removal basis within《 》.

【Exclusion Basis】 All applicable items are listed within the《 》.
① History of Clear Symptoms ② Positive Results in Oral Food Challenge Test
③ Positive Results in IgE Antibody Tes ④ Not Ingest
Please specify the specific food item(s) within the parentheses.

1. Eggs 《 》
2. Milk and Dair 《 》
3. Wheat 《 》
4. Buckwheat 《 》
5. Peanuts 《 》
6. Crustaceans 《 》 (All, Shrimp, Crab)
7. Tree Nuts 《 》 (All, Walnuts, Cashews, Almonds)
8. Fruits 《 》 ( )
9. Fish 《 》 ( )
10. Meat 《 》 ( )
11. Other 1 《 》 ( )
12. Other 2 《 》 ( )

D Prescription Medications for Emergencies

1. Oral Medications (Antihistamines, Steroids)
2. Epinephrine Auto-injector (EpiPen®)
3. Other ( )

Points to Note in School Life

A School Meal
1. No Management Required 2. Management Required

B Classes or Activities Involving Food or Ingredients
1. No Management Required 2. Management Required

C Exercise (Physical Education, Club Activities, etc.)
1. No Management Required 2. Management Required

D Off-Campus Activities Involving Overnight Stay
1. No Management Required 2. Management Required

E Items Requiring Strict Elimination through Removal of Ca
※If a circle (○) is marked in this column, it may be difficult to accommodate meals using the corresponding food item in the school lunch service.

Egg : Eggshell Calcium
Milk : Lactose, Whey Calcium
Wheat : Soy Sauce, Vinegar
Soy : Soybean Oil, Soy Sauce
Sesame : Sesame Oil
Fish : Bonito Dashi, Anchovy
Meat : Extract

F Other Considerations or Management Items (Free Descri

【Emergency Contact】

★Parent Guardian
Phone Number:

★Note of the medical center
Name of the medical center
Phone Number:

Date
Year Month Day
Name of the doctor
Name of the clinic/hospital

Asthma (Yes・No)

Medical Condition and Treatment

A Control Status of Symptoms
1. Good 2. Fair 3. Poor

B-1 Long-term Maintenance Medication (Inhalation)

	Name of Medication	Amount/Day
1. Inhaled Steroids	( )	( )
2. Combination Inhalers (Steroid Inhaler/Long-Acting Beta Agonist)	( )	( )
3. Other	( )	( )

B－2 Long-term Maintenance Medication (Oral)

	Name of Medication
1. Leukotriene Receptor Antagonists	( )
2. Other	( )

B－3 Long-term Maintenance Medication (Injection)

	Name of Medication
1. Biologic Agents	( )

C Response During Attacks

	Name of Medication	Amount/Day
1. Inhalation of Beta Agonist	( )	( )
2. Oral Administration of Beta Agonist	( )	( )

Points to Note in School Life

A Physical Activity (Physical Education, Club Activities, et
1. No Management Required 2. Management Required

B Activities involving contact with animals or environments
1. No Management Required 2. Management Required

C Off-campus activities involving overnight stay.
1. No Management Required 2. Management Required

D Other Considerations or Management Items (Free Descri

【Emergency Contact】

★Parent Guardian
Phone Number:

★Note of the medical center
Name of the medical center
Phone Number:

Date
Year Month Day
Name of the doctor
Name of the clinic/hospital

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【Back】School Life Management Guidance Form (for Allergy Conditions)

Name _____ (M・F) DoB _____ Year _____ Month _____ Day _____ _____ Submission Date _____ Year _____ Month _____ Day

Atopic Dermatitis (Yes・No)

Medical Condition and Treatment

A Severity Assessment (Ministry of Health, Labour and Welfare Research Team)

1. Mild: Mild rash only, regardless of area.
2. Moderate: Rash with significant inflammation covering less than 10% of body surface area.
3. Severe: Rash with significant inflammation covering 10% or more, but less than 30% of body surface area.
4. Very severe: Rash with significant inflammation covering 30% or more of body surface area.

* Mild rash: Mild erythema, dryness, predominantly desquamation.
* Rash with significant inflammation: Erythema, papules, erosion, infiltration, lichenification, etc

B-1 Topical Medications Commonly Used

1. Steroid Cream
2. Tacrolimus Ointment (Protopic®)
3. Moisturizer
4. Other ( )

B-2 Oral Medications Commonly Used B-3.

1. Antihistamines
2. Other [ ]

B-3 Injectable Medications Commonly Use

1. Biologic Agents

Points to Note in School Life

A. Pool Instruction and Activities Under Prolonged Exposure to Ultraviolet Radiation

1. No Management Required 2. Management Required

B Contact with Animals

1. No Management Required 2. Management Required

C After Sweating

1. No Management Required 2. Management Required

D Other Considerations or Management Items (Free Description)

Date _____ Year _____ Month _____ Day

Name of the doctor

Name of the clinic or hospital

Allergic Conjunctivitis (Yes・No)

Medical Condition and Treatment

A Type of Condition

1. Perennial Allergic Conjunctivitis
2. Seasonal Allergic Conjunctivitis (Hay Fever)
3. Spring Catarrh
4. Atopic Conjunctivitis
5. Other ( )

B Treatment

1. Antiallergy Eye Drops
2. Steroid Eye Drops
3. Immunomodulatory Eye Drops
4. Other ( )

Points to Note in School Life

A Pool Instruction and Activities Under Prolonged Exposure to Ultraviolet Radiation

1. No Management Required 2. Management Required

B Outdoor Activities

1. No Management Required 2. Management Required

C Other Considerations or Management Items (Free Descrip

Date _____ Year _____ Month _____ Day

Name of the doctor

Name of the clinic or hospital

Allergic Rhinitis (Yes・No)

Medical Condition and Treatment

A Type of Condition

1. Perennial Allergic Rhinitis
2. Seasonal Allergic Rhinitis (Hay Fever)

Main Symptoms Occur in: Spring, Summer, Autumn, Winter

B Treatment

1. Antihistamines / Antiallergy Medications (Oral)2. Nasal Spray Steroids
2. Nasal Spray Steroids
3. Sublingual Immunotherapy (Dust Mite, Cedar Pollen)
4. Other ( )

Points to Note in School Life

A Outdoor activities

1. No Management Required 2. Management Required

B Other Considerations or Management Items (Free Description)

記載日 _____ Year _____ Month _____ Day

Name of the doctor

Name of the clinic or hospital

"I agree to share the contents stated in this form with all school staff and relevant institutions for the purpose of daily activities and emergency response at the school."

Name of Parent/ Guardian _____

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