

## ALLERGY HISTORY

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_

Healthcare Provider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_

At what age was your child diagnosed with an allergy? \_\_\_\_\_

What symptoms/incident led to the diagnosis? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Airborne Allergy: Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

Has your child been hospitalized for an allergic reaction? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, when and please explain incident and treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When was your child's last allergic reaction? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What symptoms does your child usually exhibit during an allergic reaction? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What treatment does your child usually require for an allergic reaction? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your child experienced an allergic reaction at school before? \_\_\_\_\_

If so, please describe the latest incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you give permission for your child to eat foods that, "may contain traces of...." the above specified allergen? \_\_\_\_\_

Do you give your child permission to eat foods that, "were processed in a facility that also processes..." the above specified allergen? \_\_\_\_\_

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Does your child have asthma? Yes\_\_\_ No\_\_\_ (Asthma can increase the severity of a reaction)

How have previous allergic reactions affected his/her asthma? \_\_\_\_\_

May the school nurse share this information with school staff on a "need to know" basis? Yes No

There is an Emergency Care Plan for Allergies that should be filed for your child. There is a medication authorization form if your child requires treatment for an allergic reaction. (Please be in touch with the school office if you have not received these forms.)

It is your responsibility to have all forms filled out and signed by you and your child's Doctor. They should be returned to school by the first day of classes, along with any medications that your child may need if an allergic reaction occurs at school.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_