

Allergy Questionnaire

Student Name: _____ Date of Birth: _____
 Allergist/Doctor: _____ Clinic _____
 Parent contact: _____ Phone: _____

1. Does your child have a diagnosis of an allergy from a healthcare provider?
 _____ Yes _____ No

History and Current Status: What is your child allergic to?

Food:	Environmental:
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Insect Stings
<input type="checkbox"/> Eggs	<input type="checkbox"/> Chemicals: _____
<input type="checkbox"/> Milk	<input type="checkbox"/> Vapors: _____
<input type="checkbox"/> Soy	<input type="checkbox"/> Latex
<input type="checkbox"/> Gluten	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fish/Shellfish	
<input type="checkbox"/> Tree Nuts (walnuts, pecans, etc)	

2. Age of student when allergy first discovered: _____
 3. How many times has student had a reaction:
 ___ Never ___ Once ___ More than once
 4. Explain past reactions and symptoms: _____

School Accommodations for Students with Food Allergies

Nut Allergy:

1. Does your student need a nut free classroom? ___ Yes ___ No
2. Does your student need a nut free table at lunch? ___ Yes ___ No
3. May your student eat products labeled "May contain nuts" ? ___ Yes ___ No
4. May your student eat food labeled "Produced in a facility that has nuts"? ___ Yes ___ No

Egg Allergy:

1. May your student eat eggs in baked goods? ___ Yes ___ No

Milk/Dairy Allergy:

1. May your student eat any products containing dairy? ___ Yes ___ No
2. Mark the food(s) your child is allowed to eat: ___ Pizza ___ Cheese ___ Ice Cream ___ Yogurt
 ___ Food with dairy as an ingredient (ex. Goldfish)

Triggers and Symptoms:

5. What are early signs and symptoms of your student's allergic reaction?

Please circle all that apply:

Skin:	Hives	Itching	Rash	Flushing	Swelling
Mouth:	Itching	Swelling	Tingling		
Abdominal:	Nausea	Cramps	Vomiting	Diarrhea	
Throat:	Itching	Tightness	Cough	Hoarseness	
Lungs:	Shortness of breath	Cough	Wheezing		
Heart:	Weak pulse	Chest pain	Fainting		

Treatment:

6. What is needed to treat the student's allergy?

- No treatment is needed
- If a bee sting, remove stinger, and ice area. No further treatment needed.
- Medication is needed: specify _____
- EpiPen is required:
 Will an EpiPen be kept at school? ___Yes ___No
 Does your child know how to administer the EpiPen? ___Yes ___No
 (Please fill out Food Allergy & Anaphylaxis Emergency Plan)
- Other: (explain): _____

Self Care:

7. Does your student:

- Know what foods to avoid? ___Yes ___No
- Ask about food ingredients? ___Yes ___No
- Read and understand food labels? ___Yes ___No
- Tell an adult immediately after exposure? ___Yes ___No

Please add anything else you would like to the school to know:

Parent/Guardian Signature	Date	RN Signature	Date	Grade