



Student: \_\_\_\_\_

Date: \_\_\_\_\_

### **Food Allergy/Sensitivity History**

Please answer the following questions as carefully and accurately as possible. This form may be shared with the child's classroom staff in order to keep him or her as safe as possible. If you would prefer otherwise, please indicate your instructions below.

If you have any additional concerns or information to share, please email [Nurse@wmsde.org](mailto:Nurse@wmsde.org).

**Please describe how you discovered your child's food allergy as well as the most recent reaction, if any, with an estimated date:**

**Please describe any allergy testing that your child has had, including whether it was a skin test, blood test, or other:**

Continue to the second page when you have completed the questions above >>

For the questions below, please check off which answer is most accurate.

	Yes	No	Unsure
Based on what your child 's doctor has told you, is the allergy severe (potentially life-threatening)?			
Has your child's doctor prescribed an EpiPen?			
Is your child able to safely sit at a table where other children are eating the food he or she is allergic to?			
Is your child able to safely be in a room where other children are eating the food he or she is allergic to, assuming your child is at a different table?			
Is your child able to safely touch the food he or she is allergic to?			
Does your child only experience a reaction to the food if he or she ingests it?			
Is your child able to safely eat items with a label that says, "Manufactured in a facility that processes [FOOD]"?			
Is your child able to safely eat items with a label that says, "Manufactured in a facility that processes [FOOD] but not on the same equipment"?			
Is your child able to safely eat items with a label that says, "Manufactured on shared equipment... may contain [FOOD]"?			

Do you have any other information to share? If not, write "n/a."

Signature: \_\_\_\_\_

Date: \_\_\_\_\_