

SERIOUS ALLERGY ASSESSMENT

Name: _____ Grade: _____

Serious Allergy To: _____

Past Reaction: _____

HISTORY OF ASTHMA: YES NO

CANNOT TOLERATE:

___ Eating Allergy Food ___ Touching Allergy Food ___ Smell of Allergy Food
___ Insect Bites ___ Environmental : ___ Latex ___ Chemicals ___ Dust/Pollen

MEALS

Will buy lunch: Always ___ Sometimes ___ Never ___
Will pack lunch: Always ___ Sometimes ___ Never ___

SNACKS/ PARTY TREATS

___ Parent will provide all snacks and party treats
___ Parent will provide list of snacks which child may eat

PLAN FOR FIELD TRIPS

___ Parent will go on all field trips ___ Refer to field trip flow sheet

TRANSPORTATION

___ Bus ___ Parent will drive to/from school

MEDICATIONS

___ EpiPen ___ Benadryl ___ Inhaler

WEARING MEDI ALERT

___ Bracelet ___ Necklace ___ Other

PARENT IS RESPONSIBLE FOR NOTIFICATION OF ALL OTHER PERSONS WHO MAY HAVE NEED TO KNOW INFORMATION ABOUT THE CHILD'S SERIOUS ALLERGIES (Y CARE, LEADERS OF BEFORE/AFTER SCHOOL PROGRAMS, PTO ACTIVITY LEADERS, ETC.). WHILE A CHILD MAY HAVE AN EPIPEN ON HIS/HER PERSON, UNLICENSED PERSONNEL ARE NOT REQUIRED TO ADMINISTER IT.

I give permission for my child's name to be included on a list of children with serious allergies for distribution to all school staff, cafeteria personnel and to bus drivers.

Parent Signature

Nurse Signature

Date