



## ALLERGY INFORMATION FORM

(Completed by parent or guardian)

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Allergic to: (list all)	Your Child's Past Reaction (list for each allergen)

Yes\_\_\_ No\_\_\_ Are your child's allergies life-threatening?

Yes\_\_\_ No\_\_\_ Does your child take medications for allergy management?

List **all** medications used to treat your child's allergies (include over-the-counter and prescriptions):

<u>Medication</u>	<u>Dose</u>	<u>Times Given</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yes\_\_\_ No\_\_\_ Has an epi-pen been prescribed for your child?

Yes\_\_\_ No\_\_\_ Has your child ever had allergy shots? When? \_\_\_\_\_

How else are your child's allergies treated? \_\_\_\_\_

Describe your child's understanding of his/her allergies \_\_\_\_\_

Yes\_\_\_ No\_\_\_ Do you want classroom families to be notified that a child in the class has a severe allergy?

How does your child get to and from school? Walks\_\_\_ Rides bus number\_\_\_ Daycare van\_\_\_  
Drives self\_\_\_ Other\_\_\_

What needs to be changed about your child's school day or environment to keep your child safe?  
\_\_\_\_\_

What accommodations are needed for your child (snack, class parties, lunch, recess, PE, field trips, emergency evacuations)?  
\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_