INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number **506.2.3P** Adopted **September 1998** Revised **July 2012**

Title **Student Allergy Information**

Student name _____ Date of birth _____

Parent/guardian _____ Today's date _____

Home phone _____ Work _____ Cell _____

Primary healthcare provider _____ Phone _____

Allergist _____ Phone _____

1. **Does your child have an allergy diagnosis from a healthcare provider?** □ No □ Yes
2. **Does your child have a history of asthma?** □ No □ Yes
3. **History and Current Status**

What is your child allergic to?

□ Peanuts □ Fish
□ Tree nuts (walnuts, pecans, etc.) □ Shellfish
□ Milk □ Insect stings
□ Eggs □ Latex
□ Wheat □ Chemicals _____
□ Soy □ Vapors _____
□ Other _____

Age of child when allergy first discovered _____

How many times has your child had a reaction?
□ never □ once □ more than once, explain:
_____

Explain past allergic reaction(s) _____

Symptoms _____

Are the food allergy reactions:
□ staying the same □ getting better □ becoming worse

4. **Trigger and Symptoms**

What are the early signs and symptoms of your child's allergic reaction? (Be specific; include things your child might say.)

_____

_____

How does your child communicate his/her symptoms? _____

How quickly do symptoms appear after exposure of allergen? secs._____ mins._____ hrs.____ days_____

Please check the symptoms that your child has experienced in the past:

Skin:	□ Hives	□ Itching	□ Rash	□ Flushing	□ Swelling (face, arms, hands, legs)
Mouth:	□ Itching	□ Swelling (lips, tongue, mouth)			
Abdominal:	□ Nausea	□ Cramps	□ Vomiting	□ Diarrhea	
Throat:	□ Itching	□ Tightness	□ Difficulty swallowing	□ Hoarseness	□ Cough
Lungs:	□ Shortness of breath		□ Repetitive cough	□ Wheezing	
Heart:	□ Weak pulse	□ Loss of consciousness			

5. **Treatment**

How have past reactions been treated? _____

How effective was the child's response to treatment? _____

Was there an emergency room visit? □ No □ Yes, explain _____

Was the student admitted to the hospital? □ No □ Yes, explain _____

What treatment or medication has your healthcare provider recommended for use in an allergic reaction?

_____

Has your healthcare provider given your child a prescription for medication? □ No □ Yes

Have you used the treatment or medication? □ No □ Yes

Please describe any side effects or problems your child has had in using the suggested treatment:_____

_____

6. Self Care

Is your child able to monitor and prevent their own exposures? □ No □ Yes

Does your child:

- Know what foods to avoid? □ No □ Yes
- Ask about food ingredients? □ No □ Yes
- Read and understand food labels? □ No □ Yes
- Tell an adult immediately after an exposure? □ No □ Yes
- Wear a medical alert bracelet, necklace, watchband? □ No □ Yes
- Tell peers and adults about the allergy? □ No □ Yes
- Firmly refuse a problem food? □ No □ Yes

Does your child know how to use emergency medication? □ No □ Yes _____

Has your child ever administered their own emergency medication? □ No □ Yes _____

7. Family/Home

Does your child carry epinephrine in the event of a reaction? □ No □ Yes

Has your child ever needed to administer that epinephrine? □ No □ Yes

Do you feel that your child needs assistance in coping with his/her allergy? □ No □ Yes

How do you feel your family as a whole is coping with your child's allergy? _____

_____

8. General Health

How is your child's general health other than having an allergy? _____

Does your child have other health conditions? _____

Hospitalizations? _____

Please add anything else you would like the school to know about your child's health: _____

_____

9. Notes: _____

_____

_____

This procedure will be reviewed and revised when deemed appropriate by the school nurse (LSN) or parent/guardian.

Reviewed by LSN _____ Date _____

Parent/guardian signature _____ Date _____

Reviewed by LSN _____ Date _____

Parent/guardian signature _____ Date _____

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Adapted with permission – Washington State Guidelines for Anaphylaxis and National Association of School Nurses