



**ALLERGY HISTORY (ASSESSMENT)**

Dear Parent/Guardian of: \_\_\_\_\_ Date: \_\_\_\_\_

According to your child's health records, he/she has an allergy to:

\_\_\_\_\_  
NAME ALLERGIES

So we can keep your child safe, please provide more information by answering the following questions.

1) When and how did you first become aware of your child's allergy?

\_\_\_\_\_

2) When was the last time your child had a reaction?

\_\_\_\_\_

3) Please describe the signs and symptoms of your child's allergic reaction.

\_\_\_\_\_

4) What allergy treatment was provided and by whom?

\_\_\_\_\_

5) Please describe the steps you would like us to take if your child is exposed to this allergen while at school.

\_\_\_\_\_

\*NOTE: If allergy medication is needed to be given at school, an Emergency Action Plan (EAP) form must be completed by a licensed medical provider and parent/guardian.

**Please complete and return this form to your School Health Services.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

(R-05-17)

**DISTRICT 20 HEALTH SERVICES**

**Greenbrook Elementary School  
& Early Childhood Center**  
630-894-4409 Nurse Phone  
630-894-4544 Main Office  
630-289-6183 Fax

**Waterbury Elementary School**  
630-894-4211 Nurse Phone  
630-893-8180 Main Office  
630-539-2316 Fax

**Spring Wood Middle School**  
630-894-4044 Nurse Phone  
630-893-8900 Main Office  
630-894-9658 Fax