

ELMHURST COMMUNITY SCHOOL DISTRICT #205

Health Service Department

Allergy and Anaphylaxis History Form

(to be completed at time of initial registration or diagnosis)

Student Name: _____
Student Grade: _____ **Date:** _____
Completed by: _____
School of Attendance: _____

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

1) How old was your child at the time of the first allergic reaction? _____

2) Describe the signs and symptoms your child experienced and displayed in previous allergic reactions (each allergic reaction can present with different symptoms so this is not predictive of future reactions) _____

3) How many allergic reactions has your child had and how have you managed the reactions in the past? Has your child received an epipen, and if so, how many times? Please describe the situation. _____

4) Has your child been in the emergency room for treatment and if so, how many times and when was the last event?

5) Who is the child's treating physician for allergy management and care? When was the last time your child saw the physician who manages their allergy condition? _____
