FOOD ALLERGY QUESTIONNAIRE

Student's Name_____ **Date of Birth**_____

1. **Does your child have a diagnosis of an allergy from a healthcare provider?**
   ___Yes ___No

2. **History and Current Status**
   A. What is your child allergic to?

   ____Peanut   ____Insect Stings
   ____Eggs   ____Fish/Shellfish
   ____Milk   ____Chemicals _____
   ____Latex   ____Vapors   _____
   ____Soy   ____Tree Nuts
   ____Other _____

   B. Age of student when allergy was first discovered: _____
   C. How many times has student had a reaction? _____ Never _____Once _____More than once
   D. Explain past reaction(s):_____
   E. Symptoms: _____
   F. Are the food allergy symptoms: _____Same _____Better _____Worse

3. **Trigger and Symptoms**
   A. What are the early signs and symptoms of your student's allergic reaction? _____
   _____
   B. Please check the symptoms that your child has experienced in the past:

   Skin: ____Hives   ____Itching   ____Rash   ____Flushing   ____Swelling
   Mouth: ____Itching   ____Swelling
   Abdominal: ____Nausea   ____Cramps   ____Vomiting   ____Diarrhea
   Throat: ____Itching   ____Tightness   ____Cough   ____Hoarseness
   Lungs: ____Shortness of Breath   ____Repetitive Cough
   Heart: ____Weak Pulse   ____Loss of Consciousness

4. **Treatment**
   A. Has your child ever required an EpiPen? _____Yes   _____No
   B. How effective was your student's response to treatment? _____

5. **School Accommodations**
   For student's with a Nut Allergy

   A. Does your child need a Nut Free Classroom?　　　____Yes　　____No
   B. Is your child required to sit at the Nut Free Table at lunch?　____Yes　　____No
   C. May your child eat products with a label that states "May contain nuts"? ____Yes ____No
   D. May your child eat products that states "Produced in a facility that has nuts"?___Yes ___No
   E. May your child eat products that "May have been produced on same equipment with nuts"?
   ____Yes ____No

   For student's with an Egg Allergy

   A. May your child eat eggs in baked goods? ____Yes ____No

   For Student's with a Milk Allergy

   A. May your child eat any products containing milk? ____Yes ____No
   B. Circle the foods your child is allowed to eat.
   Pizza　Cheese　Ice Cream　Yogurt　Food with milk as an ingredient (Goldfish, Nips, etc…)

   Parent Signature_____ Date_____