



Allergy Questionnaire

Student Name _____ DOB _____
School _____ Grade _____

You indicated during registration that your child has an allergy. Please provide us with additional information about your child's health needs by responding to the following questions.

Primary Healthcare Provider: _____ Phone: _____

Allergist: _____ Phone: _____

1. Does your child have a diagnosis of an allergy from a health care provider: No Yes

2. Please indicate what your child is allergic to by checking the appropriate box:

Peanuts Tree Nuts Milk Latex Bee Sting Other _____

3. Age of student when allergy first discovered: _____

4. When was your child's last allergic reaction? _____

5. Please indicate or describe the type of allergic reaction your child has had in the past:

Anaphylactic Reaction (Epinephrine Given Benadryl given)

Itching, tingling or swelling of the lips, tongue, mouth

Hives, itchy rash

swelling of the face or extremities

Nausea, abdominal cramps, vomiting, diarrhea

Tightening of the throat, hoarseness, hacking cough

Shortness of breath, repetitive coughing or clearing of the throat, wheezing

Fainting, pale or blue color to the lips and/or skin

Other, please describe:(Please include things your child may say) _____

6. Please indicate when your child reacts to the allergen by checking all that apply.

Eats the allergen Touches the allergen Inhales the allergen Stung by the allergen

Other, please describe: _____

7. How have past reactions been treated? _____

8. How effective was your child's response to treatment? _____

9. Do you have prescription medication to treat the allergy? Yes No

10. Have you used the treatment or medication? Yes No

Please describe any side effects your child had to the medication: _____

11. Is your child aware of their allergies and what they need to avoid? Yes No

12. Does your child know how to use their emergency medication? Yes No

13. How might your child's allergic condition impact school performance or participation in school activities? _____

Parent/ Guardian Signature _____ Date: _____

Reviewed by R.N. _____ Date: _____