



**North Shore School District 112**

**A-1**

**ALLERGY ASSESSMENT**

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

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

Please provide us with more information about your child's health needs by responding to the following questions and returning this form to the school office.

1. When and how did you first become aware of the allergy?

2. Please describe the signs and symptoms of the reaction.

3. What medical treatment was provided and by whom?

4. When was the last time your child had a reaction?

5. Explain the steps you have taken when your child has experienced an allergic reaction.

6. How many times has your child required use of an Epi-pen and how comfortable is your child with Epi-pen use? Please explain.

If medication is required while your child is at school, a Food Allergy Action Plan must be completed by you and your physician.

Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_