



Barbourville Independent School

TIGER CAFÉ

Severe Allergy Survey: School Year 2021/2022

Please provide us with information about your child's allergies, so that the staff of Tiger Café can better serve and protect your child!

Student Name: _____

Grade: _____

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

___ Peanuts

___ Bee Sting

___ Tree Nuts

___ Latex

___ Milk

___ Other: _____

2. Does this allergy occur when (please check)...

___ Eating Allergen

___ Smelling Allergen

___ Touching Allergen

___ Other: _____

3. Please check the best description for the symptoms of the allergic reaction your child has had in the past.

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

___ Hives, itchy rash, swelling of the face or extremities

___ Nausea, abdominal cramps, vomiting, diarrhea

___ Tightening of throat, hoarseness, hacking cough

___ Shortness of breath, repetitive coughing, wheezing

___ Fainting, pale, blueness

___ Other: Please Describe _____

4. Has your child seen a doctor for this allergy? ___ Yes ___ No

If yes, what medical treatment has been provided and by whom?

5. When was the last time your child had an allergic reaction?

6. How do you treat allergic reactions at home?

