JOSEPH SEARS
EST. 1899

Severe Allergy History Form

Please provide us with more information about your child's health needs by filling out this form.

Completed forms can be emailed to nurse@kenilworth38.org or dropped off in the front office.

If you have previously filled out this form, please update any information.

Student's Name: _____ Grade: _____

Allergy:_____

1) When and how did you first become aware of this allergy?

2) When was the last time your child had a reaction?

3) Please describe the signs and symptoms of the reaction.

4) What medical treatment was provided and by whom?

5) Please describe the steps you would like us to take if your child is exposed to this allergen at school.

6) Is there any additional information you wish to provide the school regarding your child?

All students with a known anaphylactic allergy are required to have a licensed medical provider and a parent/guardian complete a Medication Authorization Form and a Food Allergy Emergency Action Plan. These forms must be updated annually.

Parent/Guardian Name: _____ Date:_____

Parent/Guardian Signature: _____