



Clear Creek Independent School District
Health Services
Medical History for Life Threatening Food Allergies

Student _____ Grade _____ Date _____

Allergic to: _____ Age of onset _____

Doctor _____ Phone Number _____ Fax Number _____

- 1. What foods are problematic?
a. Would consumption of the food to which this child is allergic/intolerant result in a life threatening food reaction? Y or N
b. When was the last reaction?
c. Describe the reaction:
d. Has the student ever suffered a reaction at school or on the bus? Provide details if so:
e. How long does the reaction last?
f. Was a hospital visit required? Y or N
g. Is an injection of Epinephrine required to stop the attack or reaction? Y or N
h. What else will need to be done in the event of a severe reaction?
i. How much time does the school have to respond to the reaction?

- 2. What kind of exposure causes the problem?
a. Does it have to touch the student's skin? Y or N
b. Does the student have to inhale the allergen for a reaction? Y or N
b. Does the student have to ingest the food to trigger a reaction? Y or N
c. How far away must the student remain from the allergen?
d. What precautions do the parents use at home?
On vacation?
In the community?

3. Is there a risk of death or serious illness? Y or N

Comments:

