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## Allergy History Form

Dear Parent/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) 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) If medication is required while your child is at school, the enclosed Health Emergency Action Plan form must be completed by a licensed medical provider and parent/guardian.

Return to: Building School Nurse

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

Print Name: \_\_\_\_\_