



Allergy Questionnaire

Last Name (legal):	First Name (legal):	Date of Birth:	Grade:	School:

Allergy To: check appropriate box and provide specifics below

Peanuts Nuts Eggs Seafood Latex Insect Stings Other

Specifics:

1. How soon after contact does your child react? _____ minutes, _____ hours, _____ days 2. How often has your child been treated by a healthcare provider for an anaphylactic allergic reaction? _____ 3.
- How many times has your child been treated with epinephrine? _____ 4.
- When was the last time that your child was treated with epinephrine? _____ 5.
- What are the early-warning signs (physical and/or emotional changes) that indicate your child is starting to have an allergic reaction? _____ 6.
- Does your child recognize these signs/symptoms? Yes No
7. Does your child know how to avoid causes of allergic reactions? Yes No

Circle the symptoms that your child has shown during an allergic reaction:

- Mouth: itching, tingling, or swelling of lips, tongue, mouth
- Skin: hives, itchy rash, swelling of the face or extremities
- Gut: nausea, abdominal cramps, vomiting, diarrhea
- Throat: tightening of throat, hoarseness, hacking cough*
- Lungs: shortness of breath, repetitive coughing, wheezing*
- Heart: weak pulse, dizziness, fainting, pale, blueness*
- Other _____

*Potentially life-threatening

FOR FOOD ALLERGIES ONLY:

For students in grades K-5, a pictorial alert system is used in the cafeteria and for recess supervisors – where indicated.

Cafeteria Seating

Does your child need any special precautions in the cafeteria? Yes No If yes, please explain:



Classroom Food Management

Does your child need any special precautions in the classroom in regards to:

1. Snack Yes No
2. Classroom Parties Yes No
3. Food Used in Curriculum Yes No

If yes to any of the above questions, please explain

Do you feel that your child's allergy issues in school need to be addressed in more detail? Yes No

If you answer yes, a health services staff member will contact you.

Any additional comments: