



**WHITE PLAINS CITY SCHOOL DISTRICT
FAMILY INFORMATION CENTER
5 Homeside Lane
White Plains, NY 10605
(914) 422-2038**

ALLERGY FORM

Student's Name:		DOB:	
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ALLERGIES: Please detail below.

At what age was your child diagnosed with an allergy? _____

Which physician made this diagnosis? Pediatrician/Allergist? _____

Name of current physician? _____ Number? _____

Address: _____

What symptoms led to this diagnosis: _____

Parents should DIRECTLY inform the school nurse if their child has a life-threatening allergy or illness to ensure their safety in school.

Has your child had any of the following?

Skin testing for allergies?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Blood testing?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A food challenge?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Is your child currently taking any medication?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name	Dose		Frequency	

- How many allergic reactions has your child experienced?
- Has an Epi Pen ever been administered to your child?
- Has your child ever been hospitalized for an allergic reaction?
- Is your child aware of his/her allergies?
- Has your child had a reaction at camp?
- Do you have any issues or concerns that you would like to share with the nurse?
- Does your child have an Epi Pen prescribed for him/her?

Name of Parent/Legal Guardian	Signature of Parent or Legal Guardian	Date
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