

PITTSFORD CENTRAL SCHOOL DISTRICT

Parent Interview Questionnaire for Individualized Health Plan

ANAPHYLAXIS – SEVERE ALLERGIC REACTION

Child's Name _____ Birthdate _____ Age _____ Grade _____
Teacher _____ Information provided by _____ Date _____

Please answer all questions. Use the back of this form for explanation or any additional information you feel important for us to know.

Who does your child see for regular health visits? _____ Phone _____

Who does your child see for allergy management? _____ Phone _____

Your child has been diagnosed with a severe allergy to: _____

When was your child diagnosed with this allergy? _____ at age _____

Has your child been diagnosed with any other medical conditions?

No Yes (explain) _____

How many times has your child had a severe reaction? _____ Date of last episode _____

What symptoms does your child experience during an allergic reaction? _____

How would your child describe his/her symptoms when experiencing a possible allergic reaction? _____

What triggers cause your child to experience mild to severe allergy symptoms? _____

Has your child been to the emergency room or hospitalized due to this allergy/reaction?

No Yes (explain) _____

Have any **emergency medications** been prescribed for your child?

Antihistamine No Yes Epinephrine No Yes

| Name of Medication | Amount | When Taken |
|--------------------|--------|------------|
| | | |
| | | |
| | | |

Has your child been instructed on when and how to take these medications independently? No Yes

Is your child participating in sports or school sponsored extracurricular activities? No Yes

Does your child carry emergency medications in school and at these activities? No Yes

Is your child able to recognize early signs/symptoms of an allergic reaction? No Yes

Is your child comfortable alerting others when experiencing possible allergic symptoms? No Yes

What are your child's feeling/fears regarding his/her allergy? _____

Does your child wear a "**medic alert**" bracelet/necklace? No Yes

Do you feel your child's understanding of his/her allergy is?

very good good fair limited

Has your physician indicated **in writing** that your child needs any special accommodations in school?

No Yes (explain) _____

Comments: _____

