ST. MARY'S COUNTY PUBLIC SCHOOLS
Department of Student Services
ALLERGY INFORMATION FORM -PARENT/LEGAL GUARDIAN

Student's Name: _____ DOB: _____

Diagnosed by Doctor: ☐ Yes ☐ No Doctor's Name/Contact: _____

Type of Allergy

☐ Insect: _____

☐ Food- Indicate specific food allergy(ies) below

☐ Eggs

- Are products baked with eggs ok (i.e. waffles)? ☐ Yes ☐ No

☐ Milk/Dairy

- Check specific items the student needs to avoid: ☐ Liquid Cow's Milk ☐ Ice Cream ☐ Cheese ☐ Yogurt
- Are products baked with milk ok (i.e. waffles)? ☐ Yes ☐ No

☐ Peanuts ☐ Tree Nuts (type) _____

- If your child has a nut allergy, do they need to sit at the nut-free table during lunch? ☐ Yes ☐ No

☐ Fish ☐ Shellfish ☐ Soy/Soybean oil ☐ Sesame ☐ Wheat ☐ Corn

☐ OtherFood: _____

☐ Other Allergy: _____

Allergy History

Date of Last Allergic Reaction: _____

Do you consider the allergy to be life-threatening to your child? ☐ Yes ☐ No

Does your child have prescribed epinephrine for emergency use? ☐ Yes ☐ No

Has your child ever been hospitalized (emergency room) for an allergic reaction? ☐ Yes ☐ No

Does your child know to avoid the allergen? ☐ Yes ☐ No

List the medications your child takes for this allergy (every day and as needed)

_____

Symptoms (Only check the symptoms your child has had during an allergic reaction)

☐ Swelling of the tongue, lips, mouth or throat
☐ Throat tightness
☐ Hoarseness, or change in voice
☐ Difficulty swallowing or choking
☐ Shortness of breath or trouble breathing
☐ Coughing, wheezing or noisy breathing
☐ "Air hunger" or gasping for air
☐ Loss of consciousness
☐ Pale or bluish skin
☐ Faint, weak or absent pulse
☐ Dizziness or fainting
☐ Nasal congestion, runny nose, sneezing, or sniffling
☐ Hives over the body or widespread redness
☐ Nausea or vomiting, abdominal cramps, or diarrhea
☐ Other: _____

How long after being exposed to the allergen did your child develop symptoms?

☐ immediately
☐ within 15 – 20 minutes
☐ within an hour
☐ longer than one hour (specify time): _____

How do your child's symptoms progress?

☐ Increase and worsen rapidly
☐ Initially mild symptoms that seem to clear up and then rapidly develop into lung and/or heart symptoms.
☐ Other: _____

Parent/Legal Guardian Signature: _____ Date: _____