



Severe Allergy Questionnaire
School Year: _____

Student Name: _____ Date of Birth: _____

School Attending _____ Grade: _____

Parent/ Guardian:

Home Phone: _____ Work: _____ Cell: _____

Physician: _____ Clinic: _____ Phone: _____

Has your child been diagnosed with an allergy by a healthcare provider? _____

Indicate what your child has an allergy to (circle all that apply):

- | | | |
|---------|-----------------|-----------------------------------|
| Peanuts | Soy | Vapors |
| Eggs | Insect Stings | Tree Nuts (walnuts, pecans, etc.) |
| Milk | Fish/ Shellfish | Other: _____ |
| Latex | Chemicals | _____ |

How old was your child when the allergy was first discovered? _____

How frequently has your child had an allergic reaction? _____

What are the signs and symptoms that your child experiences when having an allergic reaction? (Circle all that apply).

Skin: Hives Itching Rash Flushing Swelling (face, arms, hands, legs)

Mouth: Itching Swelling (lips, tongue, mouth)

Abdominal: Nausea Cramps Vomiting Diarrhea

Throat: Itching Tightness Hoarseness Cough

Lungs: Shortness of Breath Repetitive Cough Wheezing

Heart: Weak Pulse Loss of Consciousness

How quickly do symptoms typically occur after exposure to allergen? _____

Inspire the learner; ignite the potential!

How have past allergic reactions been treated? _____

Has your child ever been treated in the emergency room or hospitalized for severe allergic reaction/ anaphylaxis? If so, please explain: _____

Does your child take any medication prescribed by your physician for their allergy? If so, please indicate medication name and frequency of use. _____

Is your child aware of their allergy and able to make decisions to avoid allergen? _____

Does your child know how to use their emergency medication? _____

Do you feel it is necessary for your child to sit at a special table at lunch due to their allergy? _____

Do you feel your child should sit in the front of the school bus due to their allergy? _____

Is there anything else you would like the school to know about your child's health? _____

Parent/ Guardian signature: _____ Date: _____

If your child does have a food allergy, we require that your physician fill out a Special Diet Statement form. This can be found on the district website or may be requested at school.