



ALLERGY QUESTIONNAIRE

Student _____ School Year _____ Birth Date _____

Campus _____ Teacher _____ Grade _____

Parent/Guardian: _____ Relationship _____

Telephone 1 _____ 2 _____ Email _____

Emergency Contact _____ Phone _____

Emergency Contact _____ Phone _____

Doctor (for Allergies) _____ Phone _____

Preferred Hospital _____

The following information is helpful to your child's health office and school staff in determining any special needs for your child. Please answer the questions to the best of your ability. If you desire a conference with the campus health office, please call for an appointment. This information will also be shared with pertinent staff as needed.

The Campus Health Office has my permission to contact the physician.

Parent/Guardian Signature: _____ Date: _____

1. Please list your child's allergy(s)

2. Is this a life-threatening allergy? (Circle One) YES or NO

3. How long has your child had allergies?

4. Please rate the severity of his/her allergies. (Circle One) (Not severe) 0 1 2 3 4 5 6 7 8 9 10
(Severe)

5. Please list typical signs of your child's allergic reactions.

PLEASE COMPLETE BOTH SIDES OF THE FORM

6. Please list ALL Medications that your child takes every day or as needed.

Name of Medication	Dose	Frequency

7. If your child does not respond to their medication, what action do you advise the school personnel to take?

8. Does your child know how to use their EPI PEN, if they have one?

9. When was the last time that your child had an allergic reaction?

10. Has your child ever been hospitalized overnight for an allergic reaction?

11. Does your child wear a medic alert bracelet to inform others of their allergy?

12. Does your child have an Allergy Action Plan? _____ **(This is completed by their MD; please ask your campus health office for form for the MD to complete)**

Parent/Guardian Signature: _____ Date Completed: _____

Reviewed by Campus Health Office: _____ Date: _____

Reviewed by RN: _____ Date: _____

Date School Emergency Plan given to Teachers and Bus Driver (if needed) _____