**ALLERGY INFORMATION FORM**

Dear Parent(s) or Guardian(s):

Please complete the information below and return it to the Health Office as soon as possible. If any changes occur during the school year, please notify the school nurse.

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/class: \_\_\_\_\_\_\_\_\_\_\_

**General History:**

* Please list what your child is allergic to and what happens if he/she eats this or comes into contact with it:

**# 1 Allergic to**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 What happens to your child when he/she eats this or comes into contact with this?

 When was the last time your child had a reaction to this? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**# 2 Allergic to**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 What happens to your child when he/she eats this or comes into contact with this?

 When was the last time your child had a reaction to this? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**# 3 Allergic to**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 What happens to your child when he/she eats this or comes into contact with this?

 When was the last time your child had a reaction to this? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Medications child takes at home for his/her allergy:

Name Dose How often

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Side effects of medication that your child experiences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

* Following an allergic reaction, have you ever had to give your child:

 🔿 Antihistamine\_\_\_\_\_\_\_\_\_\_\_\_ 🔿 An Epi pen (epinephrine)

* Number of times your child has had to be taken to an emergency facility for an acute allergic reaction in the past 12

 months: \_\_\_\_\_\_\_\_\_

* Additional information/instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Should your child be seated at an *allergy alert* table in the lunchroom? 🔿 Yes 🔿 No
* Should your child’s classroom be designated an *allergy alert* classroom? 🔿 Yes 🔿 No

Signature of parent/guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **4/16**

PLEASE COMPLETE THE OTHER SIDE OF FORM

 **4/16**