

Student Name: _____

Date of Birth: _____

1. What food or substance is your child allergic to? _____

2. Has your child ever had a severe reaction to the above? No _____ Yes _____ When _____

3. What symptoms does your child experience? Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Swelling about the face or extremities | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Hoarseness | <input type="checkbox"/> Repetitive coughing |
| <input type="checkbox"/> Rash | <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Abdominal cramps | <input type="checkbox"/> A sense of tightness in the throat |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Hives |
| <input type="checkbox"/> "Thready" pulse | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Swelling of lips, tongue or mouth | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Hacking cough | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Wheezing | |
| <input type="checkbox"/> Itching | |

4. How soon after exposure do symptoms occur? _____

5. Has the allergy been diagnosed by a doctor? Yes _____ No _____

6. Name and phone number of doctor: _____

7. What treatment was recommended? (Check all that apply)

- Basic first aid, rest, observation
- Oral Medication (Name: _____)
- Injectable Medication (Type: _____)

8. Who has been taught to give the medications listed above?

- Parent/Guardian
- Student
- Sibling
- Relative(s)
- School Personnel

9. Does the allergy limit the child's participation in any of the following school activities?

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Parties | <input type="checkbox"/> Lunch |
| <input type="checkbox"/> Class Cooking | <input type="checkbox"/> Snacks |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Other |

Parent/Legal Guardian Signature

Date

Principal Signature

Date

Home Phone #: _____

Dad's Cell #: _____

Mom's Cell #: _____

Dad's Work #: _____

Mom's Work #: _____