

School District #126 Allergy History Form

(Return to School Nurse as soon as possible)

Dear Parent/Guardian of: _____ Date: _____

Grade/Teacher: _____

According to your child's health records, he/she has an allergy to: _____

Please provide us with more information about your child's health needs by responding to the following questions and returning this form to the school office.

- 1) When and how did you first become aware of the allergy?
- 2) When was the last time your child had a reaction?
- 3) Please describe the signs and symptoms of the reaction.
- 4) What medical treatment was provided and by whom?
- 5) If medication is required while your child is at school, the enclosed Emergency Action Plan (EAP) form must be completed by a licensed medical provider and parent/guardian.
- 6) What do you do at home and in public to make sure your child is not exposed to the allergen (examples: wiping tables, hand washing)? What do you think we may need to do at school to make sure your child is not exposed to the allergen?
- 7) Please describe the steps you would like us to take if your child is exposed to this allergen while at school.

Parent or Guardian signature: _____ Date: _____

Print Parent Name: _____