

Allergy Questionnaire

Student Name _____ Date of Birth _____ School Year _____
School _____ HR/Grade _____

Current information indicates that this child has a history of allergies. To provide care while this child is at school, please complete the information below so the school nurse has a better understanding of the allergies.

Has this child been diagnosed with allergies/anaphylactic reactions by a healthcare provider? Yes No

Please list all of the child's allergies, including foods:

Does this child react to skin contact with the allergen? Yes No

If so, what is the reaction?

Does this child react to swallowing the allergen? Yes No

If so, what is the reaction?

How soon after exposure does this child react?

How does this child prevent and respond to an allergic reaction? (check all that apply)

- The child knows what to avoid
- The child asks about ingredients in food, if unsure
- The child tells others about his/her allergies
- The child will **immediately** tell an adult if exposed to an allergen
- The child can give their own injection with an epinephrine auto-injector (Epipen) if prescribed by their healthcare provider
- Other _____

What medical care was given in the past? (fill out all that apply)

- Cold compress (in cases of a sting) _____
- Oral medication: What was used? _____
- Injection: What was used? _____
- Treatment in doctor's office _____
- Treatment in the Emergency Room or your child was in the hospital? _____
- Other _____

Does this child wear an identifying tag or bracelet alerting others to the allergy? Yes No

Are medications required to be kept at school? Yes No If yes, what kind?

(All medications at school require the Medication Authorization to be on file)

Any other information that would be helpful to know? _____

I authorize Columbus City Schools to communicate with the child's healthcare providers, teachers and other appropriate school staff about the allergies.

Parent Signature _____ Phone _____ Date _____

PLEASE RETURN THIS FORM IMMEDIATELY TO THE SCHOOL NURSE