

To Parents:

We are glad to complete the forms for your child for school and/ or daycare. Many children see an allergist or have been seen in urgent care for allergies, and there can be a delay before that information is sent to us.

For the safety of your child, please complete the below information so we may be certain that the requested forms have the most updated and accurate information. Thank you.

Please circle Y(es) or N(o) for the following allergies. Please also list the reaction, for example, rash.

Peanut	Y	N	reaction _____				
Tree Nut	Y	N	reaction _____				
Fish	Y	N	reaction _____				
Shellfish	Y	N	reaction _____				
Milk	Y	N	reaction _____	Can it be used in food	Y	N	
Eggs	Y	N	reaction _____	Can it be used in food	Y	N	
Soy	Y	N	reaction _____	Can it be used in food	Y	N	
Wheat	Y	N	reaction _____	Can it be used in food	Y	N	

List any other allergies and reactions:

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Has your child had anaphylaxis? Y N If yes, what was the date of last anaphylaxis and trigger? \_\_\_\_\_

Does your child have asthma? Y N

List all allergy medicines with doses:

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What causes the reaction, circle all that apply, and comment on which allergen:

Inhalation/ breathing in: \_\_\_\_\_ Contact/ touch: \_\_\_\_\_ Ingestion/ eating: \_\_\_\_\_

Can your child eat food prepared by the school? Y N  
Or can your child eat only food prepared at home? Y N  
Does your child need separate seating due to the allergy? Y N  
Does your child know what foods to avoid? Y N  
Does your child recognize the signs and symptoms of a reaction? Y N

Are there any life threatening allergies? Y N

List the life threatening allergies:

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Are there any non-life threatening allergies? Y N

List non-life threatening allergies:

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Does your child have an EpiPen or Auvi-Q? Y N  
Does your child need to carry the EpiPen? Y N  
Or can the EpiPen be kept with the nurse (preferred)? Y N  
Does your child need the EpiPen on the bus? Y N  
Can your child self-administer the EpiPen? Y N

Child's name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent's signature \_\_\_\_\_

Today's Date \_\_\_\_\_