



Allergy Questionnaire

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 check Yes or No for the following allergies. Please also list the reaction, for example, rash.

Peanut	<input type="checkbox"/> Yes	<input type="checkbox"/> No	reaction _____	Tree Nut	<input type="checkbox"/> Yes	<input type="checkbox"/> No	reaction _____
Fish	<input type="checkbox"/> Yes	<input type="checkbox"/> No	reaction _____	Shellfish	<input type="checkbox"/> Yes	<input type="checkbox"/> No	reaction _____
Milk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	reaction _____	Can it be used in food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Eggs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	reaction _____	Can it be used in food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Soy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	reaction _____	Can it be used in food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Wheat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	reaction _____	Can it be used in food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

List any other allergies and reactions _____

Has your child had anaphylaxis? Yes No

If yes, what was the date of last anaphylaxis and trigger? _____

Does your child have asthma? Yes No

List all allergy medicines with doses _____

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

Inhalation/ breathing in _____ Contact/ touch _____ Ingestion/ eating _____

Can your child eat food prepared by the school? Yes No Or can your child eat only food prepared at home? Yes No

Does your child need separate seating due to the allergy? Yes No Does your child know what foods to avoid? Yes No

Does your child recognize the signs/symptoms of a reaction? Yes No

Are there any life threatening allergies? Yes No Are there any non-life threatening allergies? Yes No

List the life threatening allergies: _____ List non-life threatening allergies: _____

Does your child have an EpiPen or Auvi-Q? Yes No Does your child need to carry the EpiPen? Yes No

Can the EpiPen be kept with the nurse (preferred)? Yes No Does your child need the EpiPen on the bus? Yes No

Can your child self-administer the EpiPen? Yes No

Child's name _____

Parent's signature _____

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