

Severe Allergy Parent Questionnaire

- Does your child react to skin contact with the allergen? Yes No
 - If yes, what is the reaction? _____
- Does your child react to swallowing (ingestion) the allergen? Yes No
 - If yes, what is the reaction? _____
- How soon after exposure does your child react? _____
- What allergy testing has been performed to document this allergy? _____
- In the past, how often has your child been treated for minor reaction? _____
- In the past, how often has your child been treated for a major reaction and /or been treated in the emergency room? _____
- Has an EpiPen had to be used? _____. When was it last used? _____
- Does your child know how to avoid the allergen (causes of allergic reaction)? Yes No
- Please check what your child does to prevent or avoid an allergic reaction:
 - Knows what to avoid- _____
 - Tell others about his/her allergies
 - Tell an adult immediately if exposed to an allergen (i.e. stung by bee, ate a peanut etc...)
 - Wear a medical alert bracelet or necklace
 - Avoid contact with animals in classroom
 - Ask about ingredients in food, if unsure
 - Other: _____
- What other information would you like to share regarding your child's allergy?
- If medication, including EpiPen, is to be given at school, a medication authorization form will need to be filled out yearly. The medication must be in the original labeled container. The RN may also determine that an Emergency Action plan needs to be completed in order to provide safe care of your child while at school.

Please add any additional information that you would like for school personnel to know about your child's allergies.

Parent's Signature: _____ Date: _____

Health Services

Anaphylaxis Action Plan needed: Yes No; IHP needed: Yes No
School RN Signature: _____