



## Allergy Parent/ Guardian Questionnaire

Please take a few minutes to complete this questionnaire regarding your child's food allergy so that we can provide the best care for your child in school.

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Has your child been diagnosed with allergies/ anaphylactic reaction by a doctor?

- Yes
- No

What is the known food allergy or other allergy? \_\_\_\_\_  
\_\_\_\_\_

At what age was your child diagnosed? \_\_\_\_\_

What symptoms does your child exhibit? (check all that apply)

**Skin:** Most anaphylactic reactions involve the skin.

- Hives, welts, or wheals (raised bumps): Hives can cause severe itching.
- Generalized erythema (redness)
- Swelling in the face, eyelids, lips, tongue, throat, hands, and/ or feet.

**Breathing:** Swelling of the surrounding tissues narrows the airway.

- Difficulty breathing, wheezing, chest tightness
- Coughing or hoarseness
- Nasal congestion or sneezing

**Cardiovascular:** Blood pressure may drop to dangerously low levels

- Rapid or irregular heart beat

- Dizziness, fainting
- Loss of consciousness, collapse

**General:**

- Tingling or sensation of warmth (often the first symptom)
- Difficulty swallowing
- Nausea, vomiting
- Diarrhea, abdominal cramping, bloating
- Anxiety, fear, confusion

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) of the allergen?

- Yes
- No

If yes, what is the reaction? \_\_\_\_\_

How soon after exposure does your child react? \_\_\_\_\_

In the past, how often has your child been treated for a major or minor reaction?

\_\_\_\_\_

When was the last time the child had to be treated in the emergency room? \_\_\_\_\_

Has EpiPen had to be used in the past?

- Yes
- No

If so, when was the last time? \_\_\_\_\_

Does your child know how to avoid the allergen (causes of allergic reaction)?

Yes

No

What does your child do to prevent or avoid an allergic reaction? (please check all that apply)

Knows what to avoid

Tells others about his/ her allergies

Knows to immediately inform an adult if exposed to an allergen

Wears a medical alert bracelet or necklace

Ask about ingredients in food, if unsure.

Other: \_\_\_\_\_

What other information would you like to share regarding your child's allergy?

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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 container and labeled. 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 let us know of any additional information that you would like for the school personnel to know about your child's allergies.

Parent/ Guardian

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian

Signature \_\_\_\_\_ Date: \_\_\_\_\_