

Anaphylaxis- Severe Allergy Assessment Tool

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| NAME: | | SCHOOL: | |
| STUDENT NUMBER: | | GRADE: | |
| DATE OF BIRTH: | | DATE: | |

History:

- What are your child's allergens?
- How was your child's reaction diagnosed (ie: blood test, skin test, exposure)?
- At what age did your child first experience a reaction?
- When was the last reaction and what treatment was required?
- Has Epinephrine ever been administered for an allergic reaction?
- Does your child also have a diagnosis of asthma?

Symptoms:

- What symptoms did your child experience with previous exposure?
- Were your child's symptoms immediate or delayed after the exposure? If delayed, how long after exposure did symptoms occur?

Treatment:

- How has your child's reaction been treated in the past?
- Will your child have emergency medication (epi pen) at school?
- If your child also has asthma, will an inhaler be available at school?

School safety questions:

- Will your child be bringing food from home or eating cafeteria food?
- Does your child know which food(s) to avoid?
- Please share any other school safety concerns you have for your child:
- Does your child strive to practice avoidance of allergens while in school?