



Allergy Questionnaire and Plan

Student: _____ DOB: _____ Valid for School Year: _____

Please complete this form with your student's allergy information so staff can plan effectively for their care while at school. Please note that if your student is participating in activities before and after school, including after school care, extracurricular activities, athletics or camps, it is imperative that you inform the supervising adults of your student's allergies and needs.

Do you plan for your student to receive school prepared meals? Yes _____ No _____

If yes, a Meal Modification Form must be completed for food allergy accommodation. See school for form.

If your student's allergy is resolved and is no longer a medical concern, please check and sign:

My student's allergy is resolved and no longer a medical concern. List allergy: _____

Parent Signature: _____ Date: _____

ALLERGIES: Check all that apply. Name the specific food causing the reaction.

- Nuts (list): _____
- Dairy (list): _____
- Seafood (list): _____
- Insects (list): _____
- Plants (list): _____
- Other (list): _____

My student has the reaction when he/she:

- Eats a food or another food containing the food allergen.
- Touches a surface contaminated with oils from the allergen.
- Breathes odors from the allergen.

Onset of symptoms:

- Immediately
- Within 15 minutes
- Within 1 hour
- Up to 2 hours

Symptoms of my student's reaction may include:

- Nausea/ vomiting/ abdominal pain
- Swelling of lips, face, tongue, or throat
- Respiratory changes/ difficulty breathing
- Hives, rash, itchy skin.
- Dizziness, lightheadedness, faintness
- Other (describe):



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Anaphylactic Allergy Action Plan: (check all that apply)

- My student is aware of signs and symptoms of an allergic reaction and knows how to tell an adult.
- They usually state they feel: _____
- I will bring a safe snack box for my student to use in the classroom and as a substitute for class treats.
- My student can eat at any table in the lunchroom with their class. My student can self-monitor the area for safety and make a choice of where to sit to prevent exposure.
- My student needs to be assigned a seat at an allergy safe table in the cafeteria.
- My student will leave their emergency medications in the school clinic. (see school for form)
- My student will self-carry and self-administer their emergency medication. (see school for form)

***School stock epinephrine can be given in emergency situations. Staff will call 911 when the epinephrine is given. First responders will take your child to the nearest emergency room for further care. ***

Memorandum of Understanding:

1. It is the mutual responsibility of parents and teachers to review party or field trip menus.
2. It is the responsibility of the parent to review cafeteria menus with their child.
3. It is the responsibility of the parent to inform all staff supervising their child in before and after school activities of the child's allergies.
4. It is understood that this student should not share snacks or eating utensils.
5. It is understood that the parents will complete and sign this form annually.
6. It is understood that the parents will provide needed emergency medications with the correct form annually.
7. It is understood that if the student will self-carry and self-administer epinephrine, a *Self-Carry and Self-Administration of Emergency Medications* form must be completed annually and signed by both a physician and a parent/guardian.
8. It is the responsibility of the parents to notify the school of changes in allergies or health conditions.
9. I give permission to share this information with staff on a need-to-know basis.
10. I give consent to exchange medical information with the student's physician as needed.

Signature of Parent/ Guardian: _____ Date: _____

Print Name: _____ Phone: _____

Physician Name: _____ Phone: _____

School Nurse Signature: _____ Date: _____