

ALLERGY HISTORY FORM
Return to School Nurse

Dear Parent/Guardian of: _____ Date: _____

According to your child's health records, he/she has an allergy to:

Please provide us with more information about your child's health needs by responding to the following questions. Once completed, please return this form to the school nurse.

1. When and how did you first become aware of the allergy?

2. When was the last time your child had a reaction?

3. Please describe the signs and symptoms of the previous reactions:

4. What medical treatment was provided and by whom?

5. Please describe the steps you would like us to take if your child is exposed to this allergen while at school:

6. How many times has your child required use of an epinephrine auto injector and how comfortable is your child with epinephrine auto injector use? Please explain.

7. Please describe your child's emotional response to having this condition.

****If medication is required while your child is at school, a licensed medical provider and parent/guardian must complete the Emergency Care Plan (ECP)****

Parent Signature: _____ **Date:** _____