

## Allergy History Form

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 and returning this form to the health office.

- 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 reaction.
  
- 4) What medical treatment was provided and by whom?
  
- 5) If medication is required while your child is at school, the enclosed Emergency Action Plan (EAP) form and Medication Authorization form must be completed by a medical provider and parent/guardian.
  
- 6) Please describe the steps you would like us to take if your child is exposed to this allergen while at school.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_