

# ALLERGY QUESTIONNAIRE

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## 1. Does your child have a diagnosis of an allergy from a healthcare provider?

Yes  No

## 2. History and Current Status

A. What is your child allergic to?

Peanut       Insect Stings  
 Eggs       Fish/Shellfish  
 Milk       Chemicals \_\_\_\_\_  
 Latex       Vapors \_\_\_\_\_  
 Soy       Tree Nuts  
 Wheat       Environmentals  
 Other \_\_\_\_\_

B. Age of student when allergy was first discovered: \_\_\_\_\_

C. How many times has student had a reaction?  Never  Once  More than once

D. Explain past reaction(s): \_\_\_\_\_

E. Symptoms: \_\_\_\_\_

## 3. Trigger and Symptoms

A. What are the early signs and symptoms of your student's allergic reaction? \_\_\_\_\_

B. Please check the symptoms that your child has experienced in the past:

**Skin:**  Hives     Itching     Rash     Flushing     Swelling

**Mouth:**  Itching     Swelling     Tingling lips     Tongue issues

**Abdominal:**  Nausea     Cramps     Vomiting     Diarrhea

**Throat:**  Itching     Tightness     Cough     Hoarseness

**Lungs:**  Shortness of Breath     Repetitive Cough

**Heart:**  Weak Pulse     Loss of Consciousness

## 4. Treatment

A. Has your child ever required an Epi-Pen, Auvi-Q or other Epinephrine auto injector?

Yes  No

B. How effective was your student's response to treatment? \_\_\_\_\_

C. Was hospitalization required?  Yes  No

**5. For Student's with Nut Allergy**

- A. May your child eat products with a label that states "May contain nuts"?  Yes  No
- B. May your child eat products that state "Produced in a facility that has nuts"?  Yes  No
- C. May your child eat products that state "May have been produced on same equipment with nuts"?  Yes  
 No

**For student's with an Egg Allergy**

- A. May your child eat eggs in baked goods?  Yes  No

**For Student's with a Milk Allergy**

- A. May your child eat any products containing milk?  Yes  No
- B. Circle the foods your child is allowed to eat.  
Pizza   Cheese   Ice Cream   Yogurt   Food with milk as an ingredient (Goldfish, Nips, etc...)

Is there anything else you would like the School and/or School Nurse to know about your child's allergy?

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Guardian/Parent(s) Signature \_\_\_\_\_

Date \_\_\_\_\_