

## ALLERGY QUESTIONNAIRE

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

So that we may better assist your child at school, please complete the questionnaire below and return it to the school office by the first week of school.

1. What your child's allergies? (please check all that apply)

Animals    Bees    Drugs    Environmental    Food    Fire Ants    Wasps

Indicate specific allergens: \_\_\_\_\_

2. What kind of reaction does your child experience?

Localized swelling                       Shortness of breath  
 Loss of consciousness                       Hives (urticaria)  
 Other (specify) \_\_\_\_\_

3. How has your child been treated after a reaction?

a. Received an injecton:    NO    YES   Specify: \_\_\_\_\_  
b. Received oral medication:    NO    YES   Specify: \_\_\_\_\_  
c. Been hospitalized:    NO    YES   Specify: \_\_\_\_\_

4. Does your child carry an EpiPen or other medicine for allergic reaction with her/him at all times?

NO    YES

5. Do you keep an EpiPen or Auvi-Q or other medication for allergic reaction at home?

NO    YES

**If you answered YES to either of the last two questions, the school should also have medication for your child.** Return the EpiPen authorization form, signed by a parent AND an authorized provider along with this form by the first week of school. We will also need the medicine in the original container with the child's name to have available at school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date