



Initial Food Allergy Health History

On your child's recent health inventory, you listed there was a food allergy. There are various forms and degrees of food allergies ranging from life threatening to stomachaches! To best understand how to help your child manage their allergy during the school day, please complete the following questions and return to me. Depending on the degree of the allergy, additional forms and medication may be requested to be kept at the school in the event of a reaction.

1. Name of food(s) and type of reaction: _____

2. History of reaction: _____

3. Has your child been seen by a physician for this allergy? ___yes ___no
4. If the above question is "yes", please list date and name of physician _____

5. Has a physician ever told you your child might have a severe reaction such as not being able to breathe because of this allergen? ___yes ___no
6. Has your child been prescribed Benadryl and/or an epi-pen in the event of possible exposure in the future? ___yes ___no
7. Does your child have an understanding of what allergen(s)/food(s) to avoid? ___yes ___no
8. Does your child have an understanding of what might happen in the event they are exposed to this allergen/food? ___yes ___no

Thank you for providing this additional information. Depending on the degree of your child's allergy, special accommodations may be required. I will contact you with the appropriate forms and other details, if applicable.

If you have questions or concerns, please do not hesitate to call me at _____ or email me directly at _____.

Thank you,

Above information completed by: _____ on _____
parent/guardian signature date