

# Providence Academy Health Office • Allergic Reaction Questionnaire

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_ School Year \_\_\_\_\_

## Health History Pertaining to Allergies

Allergen: \_\_\_\_\_

Has your child been diagnosed with allergies/anaphylactic reactions by a health care provider?  Yes  No

Has your child been prescribed an EpiPen?  Yes  No

Child's age and symptoms at diagnosis: \_\_\_\_\_

Has your child been treated with epinephrine or seen at the emergency room?  Yes  No

If yes, how often and at what age(s)? \_\_\_\_\_

Are there any early warning signs or symptoms of an impending reaction and does your child recognize these?

## Accommodations

Is your child capable of recognizing and avoiding their allergens?  Yes  No

If no, which of the following would you request for your child?

### In the **classroom**:

- Child will have no snacks unless provided by parents/guardian.
- Parents will be asked to **avoid sending known allergens in any shared snacks** (birthday treat, etc.)
- Notice will be sent to parents of other classmates asking that they avoid sending food containing known allergens for **their child's snacks** at school.
- Teacher will review lesson plans and projects and modify as needed to protect the student.
- NO ACCOMMODATIONS NEEDED

### In the **cafeteria**:

- Child will have students with hot lunch sitting on either side of them.
- NO ACCOMMODATIONS NEEDED

### On the **bus**:

- Child will sit in the first two rows.
- Parent will introduce student to driver and show where EpiPen is located.
- NO ACCOMMODATIONS NEEDED

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

Management Plan - See Attached Anaphylaxis Action Plan

\*A copy of the Anaphylaxis Action Plan will be kept in the Health Office and teacher substitute folder. This plan will be given to staff members involved with the student.

**EpiPen locations:**  Health Office  Classroom  Carried by teacher  
 With student \_\_\_\_\_ (specify location)

Licensed School Nurse \_\_\_\_\_ Phone # \_\_\_\_\_