



GENERAL ALLERGY AND ANAPHYLAXIS QUESTIONNAIRE (To be completed by parent/guardian)

Student	Date	Grade	Date of Birth
School:			

HISTORY AND ASSESSMENT DATA

What triggers the student's allergies or anaphylaxis? (Click on or X all that apply)

Animals (list)	Insect Stings (list)	Medications (list)	Irritants (Smoke, perfumes, cleaning products, cooking oils)
Allergens (pollens, dust, dust mites, mold, animal dander, roaches)	Dietary Substances (Food additives or preservatives)	Food/Beverages	Unknown
Latex	Other (list)		
Has your child been diagnosed with an anaphylactic reaction by a health care provider? (If so, your child should have an EpiPen available at school with the physician's signed authorization.)			Yes No
How old was your child when he/she was diagnosed with anaphylaxis?			
How soon after contact does your child react?			
In the past, how often has your child been treated for a minor reaction?			
How often has your child been treated for a major reaction in the emergency room?			
Are there any early warning signs that indicate an allergic reaction? (Please list in the box to the right.)			
Does your child recognize these early warning signs?			Yes No
Does your child have any other health conditions (such as asthma)? Please list.			
Please list the circumstances surrounding the diagnosis of this your child's severe allergic reaction:			

What are the student's signs and symptoms of an allergic reaction? (Click on or x all that apply)

Tightness of throat and/or chest.	Wheezing or difficulty breathing	Generalized tingling or itching	Generalized rash or hives
Acute coughing or sneezing	Nausea, vomiting or diarrhea	Apprehension or anxiety	Swelling of eyes, lips, tongue, throat or neck
Facial flush	Fall in blood pressure	Dizziness or fainting	Seizures
Rapid, thready, weak or unattainable pulse	Loss of consciousness	Cyanosis	Other (list)

Medications used by this student:

1.	2.
3.	4.

Click on or X what your child does to prevent or avoid an allergic reaction.

My child knows what to avoid.	Yes	No
My child tells other people about his/her allergies	Yes	No
My child will tell an adult immediately if exposed to an allergen (i.e. stung by a bee, etc.)	Yes	No
My child wears a medical alert bracelet or necklace.	Yes	No
Other		

What modifications does this student need to prevent exposure to allergen at school? (Describe)

Signature of Parent/Guardian

Date

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