HEALTH SERVICES

Coopersville Area Public Schools

**Severe Food Allergy Questionnaire**

Dear Parent/Guardian,

Thank you for completing the questionnaire below regarding your child’s severe food allergy. This information is important for the nurse to have to develop an individualized health plan for your child. This plan is used to coordinate the safe care of your child while at school.

Student:       Date of Birth:

Severe allergy to:

Has your child been diagnosed with asthma or eczema in addition to a severe allergy? [ ]  Asthma [ ]  Eczema [ ]  Neither

At what age was the food allergy first noted?

Please describe the incident leading to the diagnosis of severe food allergy.

Has your child ever received an epinephrine injection (such as EpiPen) during an allergic reaction? [ ]  Yes [ ]  No

When was your child’s last reaction?

When was the last time the physician tested your child’s sensitivity level to the allergen?

What type of exposure is necessary for an allergic reaction of occur? [ ]  Ingestion [ ]  Contact [ ]  Inhalation

Does your child know when they are having an allergic reaction, and are they able to tell an adult? [ ]  Yes [ ]  No

How does your child act, and what do they say when they are having an allergic reaction?

|  |  |  |
| --- | --- | --- |
| Do you feel your child has a good understanding about their allergy, and which foods they should not eat or touch? …… | [ ]  Yes | [ ]  No |
| Does your child wear an allergy alert bracelet or necklace? ………………………………………………………………... | [ ]  Yes | [ ]  No |
| Do you prefer that your child sit at a designated “no” peanuts or nut table in the cafeteria? ………………………………. …………………………………... | [ ]  Yes | [ ]  No |
| Is your child emotionally sensitive about their allergy, or have they ever been bullied about their allergies? ……………... | [ ]  Yes | [ ]  No |
| Do you give permission for us to send home a letter to your child’s class notifying parents about classroom allergies? (your child will not be identified) …………………………………………………………………………………………… ……………………………………………………………………………………………………... | [ ]  Yes | [ ]  No |

Additional Information?

Please email completed document to **ctenbrink@capsk12.org**