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 in order for him/her to develop an individualized healthcare plan for your child. This plan is used to coordinate the safe care of your child while at school.

Student: _____ Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female

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 to occur? ☐ Ingestion ☐ Contact ☐ Inhalation

Does your child know when he/she is 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 symptoms of 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" peanut nut table in the cafeteria? …….. ☐ Yes ☐ No

Is your child emotionally sensitive about his/her allergy, or has he/she ever been bullied about allergies? …… ☐ Yes ☐ No

Do you give permission for us to send home a letter to your child's class notifying parents about this food allergy (child is not identified)? …… ☐ Yes ☐ No

Additional information? _____

_____

_____

_____

Parent Signature: _____ **Date:** _____