

Anaphylactic Allergy Health History

Student Name: _____ Date of Birth: _____

Parent/Guardian: _____ Today's Date: _____

Phone: _____

Student's Health Care Provider: _____

Provider's Phone Number: _____

1. Does your child have a diagnosis of a life threatening (anaphylactic) allergy from a healthcare provider? Yes No

2. If yes to number 1, how was your child diagnosed? Check all that apply.
 Blood Test (RAST) Skin Test
 Had a reaction Other: _____

3. What is your child allergic to?
 Peanuts Soy
 Tree Nuts Fish/Shellfish
 Eggs Insect Sting
 Milk Other – List: _____

4. How many times has your child had a reaction? Never Once More than once

5. Which of these things has caused a life threatening reaction?
 Eating allergen Touching allergen Never had a life threatening reaction
 Smelling allergen Being stung by allergen

6. Check any symptoms of an allergic reaction that your child shown.
 Itchy throat Hoarseness Cough Throat tightness
 Wheezing Swelling Rash/Hives Shortness of breath
 Lightheaded Fainting Paleness Loss of consciousness
 Diarrhea Itching skin Flushing Difficulty breathing
 Nausea Cramps Vomiting Swollen tongue or lips

7. After exposure to the allergen, how quickly do symptoms develop?
 5 minutes or less
 5-30 minutes
 More than 30 minutes

8. Treatment

- a. Has your child been prescribed epinephrine (EpiPen or Auvi-Q) for the allergy?
 Yes No
- b. How have past reactions been treated?
 EpiPen/Auvi-Q Benadryl Other: _____
- c. Has your child been taken to the emergency room for a reaction? Yes No
- d. Has your child been admitted to the hospital after a reaction? Yes No

9. Self-care

- a. Is your child able to
 - i. Know what foods to avoid Yes No
 - ii. Ask about food ingredients Yes No
 - iii. Read and understand food labels Yes No
 - iv. Tell an adult immediately about suspected exposure to the allergen
 Yes No
 - v. Refuse a problem/unsafe food? Yes No

- b. Does your child need to be seated at an allergen-free table at lunch? Yes No

10. Does your child have asthma? Yes No

11. Does your child ride a bus to or from school? Yes No

12. Does your child wear a medical alert bracelet? Yes No

13. Please add any other information you would like us to know about your child's allergies below: