Fairfield Community High School #225

Allergy History Form

Please complete this form regarding your child's allergy to food, insect stings, latex, medication, or other allergen and return it to the school nurse.

Student's Name: _____Grade_____School:_____

My child has an allergy to: _____

Please provide us with more information about your child's health needs by responding to the following questions.

1) When and how did you first become aware of the allergy?

2) When was the last time your child had a reaction?

3) Please describe the signs and symptoms of the reaction.

4) What medical treatment was provided and by whom?

5) If medication is required while your child is at school, please see the school nurse for assistance in creating an Emergency Action Plan (EAP) for your child. An EAP will give school personnel guidelines to follow if your child has an allergic reaction while at school, during an extracurricular activity, or on a field trip. This form can be completed by the school nurse and parent, but MUST be reviewed, approved, and signed by a licensed medical provider and the parent/guardian. You may also take an EAP form to your child's health care provider for them to complete and return it to the school nurse along with the medication that has been ordered.

6) Please describe the steps you would like us to take if your child is exposed to this allergen while at school.

Parent or Guardian: _____ Date: _____

Print Name: _____ _____