



HEALTH SERVICES

Health History – Caring for Students with Food Allergies

Student Name: _____ DOB: _____ Grade: _____

Primary Health Concern: _____

Secondary Health Concern: _____

Diagnosis (note specific allergens): _____

At what age was the student diagnosed with a food allergy? _____

What symptoms led to the diagnosis? _____

What are the child's usual symptoms? _____

Approximately how many allergic reactions has the student experienced? _____

When was his/her last allergic reaction? _____

Has the student been hospitalized as a result of an allergic reaction? _____

No Yes - How many times? _____

Does the student have an early awareness of the onset of an allergic reaction? Yes No

What treatment does the student usually require for an allergic reaction? _____

Has the student experienced an allergic reaction at school before? Yes No

If so, please describe the latest incident: _____

Does the student have asthma? Yes No (asthma can increase the severity of a reaction)

How have previous allergic reactions affected his/her asthma? _____

Is the student self-directed? Yes No

Is there anything else the school should know to take the best care we can of your child? _____

All school health information is handled in a respectful and confidential manner. May the school health office share this information with the school staff on a "need to know" basis? Yes No

Parents /Guardian Signature: _____ Date: _____