

Food Allergy Questionnaire

Student's Name _____ Grade _____

Father's Name: _____ Emergency Phone: _____

Mother's Name: _____ Emergency Phone: _____

1. Please list all foods that your child is allergic to: _____

2. How many times has your child had a reaction to each food? _____

3. Please explain in detail about your child's reaction to the ingestion of the food(s) you have listed. Include what age your child was at the time of the reaction, what symptoms your child had during the reaction and what medical care and medications were required to treat the reaction (please use the back side of this sheet if more space is needed).: _____

4. We will do everything possible to prevent your child from having a food allergy problem while in our care. In the unlikely event your child is exposed to the food that they are allergic to and we are unable to reach you, what steps do you want the staff to implement for your child? _____

5. Has your child had a reaction to food manufactured/produced/packaged in a plant that also handles the food your child is allergic to? _____

6. Has your child had a reaction to the smell of the food? _____

7. Has your child had a reaction from touching the food? _____

8. If yes to questions 5, 6, or 7, please give specific details, using the back side of this sheet if needed. _____

9. Does your child have an Epi-Pen? _____

If yes, you will need to provide an Epi-Pen that is kept in our building for your child.

Food Allergy Questionnaire (continued)

10. Please list any medications that your child takes in the event of a reaction: _____

You will need to provide any medication to be kept in the building in original packaging for your child.

11. Please list your child's specific symptoms or behaviors when an allergic reaction is occurring: _____

12. Is your child under a doctor's care for their food allergy? _____

Doctor's Name: _____

Address: _____

Phone Number: _____

13. If necessary, which hospital should your child be sent to? _____

14. Please list any additional information you feel is important: _____

Parent / Guardian Signature: _____ Date: _____

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