CREC | Schools of Excellence

DISCOVERY ACADEMY

Severe Food Allergy Questionnaire

Students' Name: _____ Date of Birth: _____

Grade: _____ Weight in lbs: _____

Parent's Name: _____ Phone Number: _____

Name of Doctor treating allergy: _____ Phone Number: _____

1. What is your child allergic to? _____
2. When/how was your child diagnosed with this allergy? _____
3. Please describe allergic reactions including triggers and warning signs_____

_____

4. When was the last time your child had an allergic reaction?_____
5. What treatment was provided at the time of that allergic reaction?_____

_____

6. Is your child aware of their allergy?_____
7. Is your child aware of signs and symptoms of an allergic/anaphylactic reaction?_____
8. If so, how does your child describe an allergic reaction? _____
9. Does your child know to tell an adult if they are having an allergic reaction?_____
10. Does your child know ways to avoid allergic/anaphylactic reactions? ___If yes, how?_____

_____

11. Does your child wear a Medical Alert bracelet or necklace? _____ If not, this is highly recommended.
12. Is your child able to self-administer their Epi-pen? _____
13. Will your child be carrying their Epi-pen?_____

(Please note attached Food Allergy Action Plan, Medication Administration Form and Student Agreement)

14. Would you like to speak with a member of the Food Services Department? Yes____ No____
15. Would you like to speak with your child's school nurse? Yes____No____ If yes, please phone 860.296.2090 x2902

Please note: If your child is participating in activities before and after the school day including extended day care, extracurricular activities and trips, athletics, or summer camps, it is imperative that YOU inform the supervising adults of your child's food allergies, special needs and treatment plan. **Students attending before or after care may be required to have a second set of epi pens for the extended day program**.

Parent /Guardian Signature_____Date_____

Received by school nurse on_____Initials_____