

**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 \_\_\_\_\_