

Teutopolis Unit 50
Food Allergy History Form
(Please return to the office of your child's school.)

Parent/Guardian of _____ Grade _____ Date _____

According to your child's health records, he/she has an allergy to:

Please provide us with more information about your child's health needs by responding to the following questions and returning this form to the school office.

- 1) When and how did you first become aware of the food 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, a Medical Alert Condition Form and a Doctor's Medication Authorization Form must be completed by a licensed medical provider and parent/guardian.

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

Parent/Guardian Signature _____ Date: _____

Print Name: _____