

Allergy History Form

Student Name: _____ Date of Birth: _____
Parent/Guardian: _____ Today's Date: _____ BUS Rider: Y N
Home Phone: _____ Work: _____ Cell: _____
Primary Healthcare Provider: _____ Phone: _____
Allergist: _____ Phone: _____

1. Does your child have a diagnosis of an allergy from a healthcare provider: _____ YES _____ NO

2. History and Current Status

<p>a. What is your child allergic to?</p> <p>___ Peanuts ___ Insect Stings</p> <p>___ Eggs ___ Fish/Shellfish</p> <p>___ Milk ___ Chemicals _____</p> <p>___ Latex ___ Vapors</p> <p>___ Soy ___ Tree Nuts (walnuts, pecans, etc.)</p> <p>___ Other _____</p>	<p>b. Age of student when allergy first discovered: _____</p> <p>c. How many times has student had a reaction? ___ Never ___ Once ___ More than once, explain: _____</p> <p>d. Explain past reactions: _____</p> <p>e. Symptoms: _____</p> <p>f. Are the allergic reactions: ___ Same ___ Better ___ Worse.</p>
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3. Trigger and Symptoms

a. What are the early signs and symptoms of your student's allergic reaction? (Be specific; include things the student might say.) _____
_____.

b. How does your child communicate his/her symptoms? _____

c. How quickly has symptoms appeared after exposure to food/sting? ___ Secs. ___ Min. ___ Hours ___ Days

d. Please check the symptoms that your child has experienced in the past:

Skin: ___ Hives ___ Itching ___ Rash ___ Flushing ___ Swelling (face, hands, arms, hands, legs)

Mouth: ___ Itching ___ Swelling (lips, tongue, mouth)

Abdominal: ___ Nausea ___ Cramps ___ Vomiting ___ Diarrhea

Throat: ___ Itching ___ Tightness ___ Hoarseness ___ Cough

Lungs: ___ Shortness of breath ___ Repetitive Cough ___ Wheezing

Heart: ___ Weak pulse ___ Loss of consciousness

4. Treatment

a. How have past reactions been treated? _____

b. How Effective was the child's response to treatment? _____

c. Was there and emergency room visit? ___ NO ___ Yes, explain: _____

d. Was the child admitted to the hospital? ___ NO ___ YES, explain: _____

e. What treatment or medication has your healthcare provider recommended for use in an allergic reaction?

f. Has your health care provider provided you with a prescription for medication? ___ NO ___ YES

g. Have you used the treatment or medication for your child? ___ NO ___ YES

5. Self-Care

a. Is your student able to monitor and prevent their own exposure to foods he/she cannot eat	___ NO ___	___ YES ___
b. Does your child:		
1. Know what foods and insects to avoid	___ NO ___	___ YES ___
2. Ask about food ingredients	___ NO ___	___ YES ___ N/A
3. Read and understand food labels	___ NO ___	___ YES ___ N/A
4. Tell an adult immediately after an exposure	___ NO ___	___ YES ___ N/A
5. Wear a medical alert bracelet, necklace, watchband	___ NO ___	___ YES ___ N/A
6. Tells Peers and adults about the allergy	___ NO ___	___ YES ___ N/A
7. Firmly refuses a problem food	___ NO ___	___ YES ___ N/A
c. Does your child know how/when to use emergency medication?	___ NO ___	___ YES ___
d. Has your child ever administered their own emergency medication?	___ NO ___	___ YES ___

6. Family/Home

a. How do you feel that the whole family is coping with your child's allergy?		
b. Does your child carry epinephrine in the event of a reaction?	___ NO ___	___ YES ___
c. Has your child ever needed to administer epinephrine to him/herself?	___ NO ___	___ YES ___
d. Do you feel that your child needs assistance in coping with his/her allergy?	___ NO ___	___ YES ___

7. General Health

a. How is your child's general health other than having an allergy? _____		
b. Does your child have other health conditions?		
c. Recent hospitalizations?		
d. Does your child have a history of asthma?	___ NO ___	___ YES ___
If YES, does he/she have an Asthma Action Plan?	___ NO ___	___ YES ___
e. Please add anything else you would like the school to know about your child's health: _____		

8. Notes:

Parent/Guardian Signature: _____	Date: _____
Reviewed by School Nurse: _____	Date: _____
Reviewed by RN: _____	Date: _____

Adapted from NASN Anaphylaxis and Allergy History Form

Associated forms:
 Medication Administration Consent
 Anaphylaxis Emergency Action Plan