

River Forest Community School Corporation  
Severe Allergy Questionnaire

Dear Parent/Guardian: Please answer the following questions and return to the school nurse/nurse assistant as soon as possible. This information will be used to assist the nurse in designing a plan of care individualized to your child's particular needs.

STUDENT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_

1. What is your child allergic to?  
Food Allergies: \_\_\_\_\_  
  
My child has the reaction when he/she:  
    \_\_\_ Eats the actual food  
    \_\_\_ Touches a surface contaminated with oils from the food allergen  
    \_\_\_ Breathes odors from the food allergen while the food is being cooked or processed  
  
Bee/Insect Stings: \_\_\_\_\_  
Medication Allergies: \_\_\_\_\_  
Other Allergies (mold, pollen, dust, etc): \_\_\_\_\_
2. Are any of the above allergies severe? If so, please list: \_\_\_\_\_  
\_\_\_\_\_
3. Does your child have an epinephrine auto-injector (Epi-Pen, Auvi-Q)? \_\_\_\_\_  
If not, how is the allergic reaction treated? \_\_\_\_\_
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. Please indicate the signs that have been present during an allergy attack:  
\_\_\_ difficulty breathing/wheezing                      \_\_\_ hives/rash  
\_\_\_ difficulty swallowing                                \_\_\_ nausea/cramps/diarrhea  
\_\_\_ loss of consciousness                                \_\_\_ flushed or unusually pale skin  
\_\_\_ swelling (where) \_\_\_\_\_  
\_\_\_ other \_\_\_\_\_
7. How does your child describe an allergic reaction? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Does your child know to tell an adult if they are having an allergic reaction? \_\_\_\_\_
9. Does your child know ways to avoid allergic/anaphylactic reaction? \_\_\_ If yes, how? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

10. Is your child able to self-administer their Epinephrine auto injector(Epi-Pen, Auvi-Q,etc) if he/she has one? \_\_\_\_\_
11. Will your child be carrying their Epinephrine auto-injector? \_\_\_\_\_  
(If so, it must be indicated on the Allergy Emergency Plan. This must be signed by your child's Health Care Provider and by the parent/guardian)
12. Will you be providing an extra auto-injector for activities beyond the school day? (See note below) \_\_\_\_\_
13. Will your child be riding the bus to and from school? \_\_\_\_\_  
If yes, we recommend that you supply an extra auto-injector for the bus ride.
14. Does your child also have asthma? \_\_\_\_\_
15. Will it be necessary for your child to sit at a lunch table free of particular foods? \_\_\_\_\_
16. Would you like to give your child's teacher a bag of "safe snacks" so there is always something your child can choose during an unplanned special event? \_\_\_\_\_
17. Would you like to speak with a member of the Food Services Department? Yes\_\_\_No\_\_\_  
If yes, please contact the Food Services Director at 219-962-7551 ext 3082

\*IF CHILD NEEDS A FOOD SUBSTITUTION IN THE CAFETERIA, A FOOD ALLERGY/DISABILITY SUBSTITUTION REQUEST FORM MUST BE COMPLETED AND SIGNED BY THE CHILD'S PHYSICIAN. This form can be obtained from the RFCSC website under the Menu section in the Food Services department.

18. Would you like to speak with your child's school nurse/nurse assistant? Yes\_\_\_No\_\_\_  
If yes, please phone appropriate number for your child's school:

Meister 219-962-1103 ext 5018      Evans 219-962-1608 ext 6008  
River Forest Middle/Senior High School 219-962-7551 ext 3011

Please note: If your child is participating in activities before and after the school day including 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. Please also notify the school nurse of any activities beyond the normal school day/school year.

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

Received by school nurse on\_\_\_\_\_

School nurse/nurse assistant signature\_\_\_\_\_

