

HEALTH HISTORY
Caring for Students with Food Allergies

Student Name: _____ DOB: _____ Grade: _____

Primary Health Concern: _____

Secondary Health Concern(s): _____

Healthcare Provider's Name: _____ Phone: _____

Diagnosis (note specific allergens): _____

At what age was the student diagnosed with a food allergy? _____ What symptoms led to the diagnosis? _____

Approximately how many allergic reactions has the student experienced? _____

When was his/her last allergic reaction? _____

Has the child been hospitalized as a result of an allergic reaction? Yes How many times? _____
 No

Does the child have an early awareness of the onset of an allergic reaction? _____

What treatment does the child usually require for an allergic reaction? _____

Has the student experienced an allergic reaction at school before? _____

If so, please describe incident: _____

Does the student have asthma? Yes No (Asthma can increase the severity of a reaction)

Is there anything else that the school should know to take the best care we can of your student? _____

All school health information is handled in a respectful and confidential manner. May the school health office staff share this information with school staff on a "need to know" basis? Yes No

Parent/Guardian Signature _____ Date _____