

## Allergy Questionnaire

Please complete and return to the Health Office

Student's Name: \_\_\_\_\_

Allergy: \_\_\_\_\_

How do you know that your child has an allergy / what did the reaction look like?

When was the last time your child experienced any problems associated with this allergy?

Does your child need to eat at a separate table in the classroom?

Can your child be in the same classroom as other students who are eating \_\_\_\_\_?

Do you think your child has some understanding of his/her allergy?

Does your child require an EpiPen, Benadryl, or other emergency medication?