



## Allergy Information

*This form is to be completed by the parent of a child with an allergy and returned to the Coordinator. The purpose of collecting this information is to identify children whose parent may need to provide further information regarding their child's allergy.*

Dear Parent/Guardian,

You have identified that your child as having an allergy.

*(Please complete the questions below and return to the Coordinator)*

1. My child has an allergy to: ☐ insect sting: \_\_\_\_\_

\_\_\_\_\_ (specify)

☐ drug: \_\_\_\_\_

\_\_\_\_\_ (specify)

☐ food:      Peanuts      Y/N

Other Nuts      Y/N

Fish      Y/N

Shellfish      Y/N

Other: \_\_\_\_\_

\_\_\_\_\_ (specify)

☐ latex: \_\_\_\_\_

☐ other: \_\_\_\_\_ (specify)

2. My child has been hospitalized with a severe allergic reaction. Y ☐      N ☐

3. My child has been prescribed an EpiPen:      Y ☐      N ☐

4. The severity of my child's allergy is: mild ☐      moderate ☐      severe ☐

5. The treatment for my child's allergy is: \_\_\_\_\_

Completed by: \_\_\_\_\_ (Parent) on \_\_\_\_\_ (Date)