

MOUNT PROSPECT SCHOOL DISTRICT 57

ALLERGY HISTORY FORM

De	ar Parent/Guardian of: Date:	
	You indicated on the school emergency form that your child has an allergy. Please provide us with more information about your child's health needs by responding to the following questions.	
1.	Please indicate what your child is allergic to by checking the appropriate box.	
	Peanuts Latex Tree Nuts Bee Sting Milk Other	
2.	Please describe the type of allergic reaction your child has had in the past. Check all that apply.	
	Anaphylactic reaction EpiPen given Benadryl given	
	Itching, tingling, or swelling of the lips, tongue, mouth Hives, itchy rash, swelling of the face or extremities Nausea, abdominal cramps, vomiting, diarrhea Tightening of the throat, hoarseness, hacking cough Shortness of breath, repetitive coughing or clearing of throat, wheezing Fainting, pale or blue color to the lips and/or skin Other, please describe	
3.	Please indicate when your child reacts to the allergen by checking all that apply. Eats the allergen Inhales the allergen Other, please describe Touches the allergen Stung by the allergen	
4.	Has your child seen a doctor for this allergy? Yes No	
5.	Has your child been tested by an allergist? If yes, check all that apply. Skin test Blood test Food challenge	
6.	When was the last time your child had an allergic reaction?	
7.	Does your child have an EpiPen at home? Is the EpiPen kept with the child everywhere he/she goes? Yes No Yes No	
8.	Does your child know how to use an EpiPen? Yes No	
9.	How might your child's allergic condition affect school performance or participation in school activities?	
Pa	rent Signature Date	