

**Severe Allergy/EpiPen Parent Questionnaire**  
Please complete and return to School Nurse yearly

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Bus#: \_\_\_\_\_

\_\_\_\_\_ Food Allergies: \_\_\_\_\_

\_\_\_\_\_ Bee Sting Allergy: \_\_\_\_\_

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

What age was the student when the allergic reaction first occurred? \_\_\_\_\_

Please describe what happened when you first discovered your child had a life threatening allergy:

Has your child had any allergic reactions in the past year? Please describe (symptoms, treatment, ED visits):

Please indicate the signs that have been present during an allergy attack:

\_\_\_\_difficulty breathing/wheezing

\_\_\_\_hives/rash

\_\_\_\_difficulty swallowing

\_\_\_\_nausea/cramps/diarrhea

\_\_\_\_loss of conscientiousness

\_\_\_\_flushed or unusually pale skin

\_\_\_\_swelling (where) \_\_\_\_\_

\_\_\_\_other \_\_\_\_\_

Has emergency treatment (911/ER visit) been needed in the past for an allergic reaction? \_\_\_\_Yes \_\_\_\_No

Allergies are currently being treated by Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

Student will sit at the allergy table in cafeteria Yes\_\_\_\_\_ No\_\_\_\_\_

Parent are encouraged to check with director of food services @ 781-275-9129, to determine if school lunch is free of allergic ingredients in menu.

(Please note there is a monthly allergy meeting that is listed on the back page of the monthly cafeteria menu parents have the opportunity to meet with the food service director, and review the food labels of products.)

Yes \_\_\_\_ No\_\_\_\_ Parent will provide all food to be eaten at school

Yes \_\_\_\_ No\_\_\_\_ I would like School Nurse to send classroom letter requesting that parents do not send their child to school with snacks that have nuts/nut containing ingredients.

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EpiPen Dose:

\_\_\_\_ 0.15 (Jr.)

\_\_\_\_ 0.30 (adult)

Benadryl to be kept at school

\_\_\_\_ Yes Benadryl can only be given by the school nurse.

**Benadryl will not be sent on field trips per DPH regulations.**

\_\_\_\_ No

EpiPen Location(s):

\_\_\_\_ Nurse (please note every student with an EpiPen must keep one set in the Nurse's office)

\_\_\_\_ Classroom

\_\_\_\_ Other

\_\_\_\_ MD signed Emergency Care Plan returned

\_\_\_\_ Parent signature is on Emergency Care Plan

\_\_\_\_ I give permission for the school nurse to take my child's picture and share Emergency Care Plan with appropriate school personnel

\_\_\_\_ I give permission for the school nurse to share this student's severe life threatening allergies with bus drivers.

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Please note: Benadryl can only be administered by the school nurse. Per DPH regulations Benadryl will not be sent on field trips.**