

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

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 consciousness ____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_____

Parents 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 listed on the back page of the monthly cafeteria menu, and 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.

OVER

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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.

____ I give permission for the school nurse to contact me via email regarding updates, notifications, school-wide food events.

Email address: _____

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.