



Allergy History Form

Dear Parent/Guardian of:

Date:

According to your child's health records, he/she has an allergy to:

Please provide us with more information about your child's health needs by responding to the following questions and returning this form to the school office.

- 1) When and how did you first become aware of the allergy?

- 2) When was the last time your child had a reaction?

- 3) Please describe the signs and symptoms of the reaction.

- 4) What medical treatment was provided and by whom?

- 5) If medication is required while your child is at school, the enclosed Emergency Action Plan (EAP) form must be completed by a licensed medical provider and parent/guardian.

- 6) Please describe the steps you would like us to take if your child is exposed to this allergen while at school.

Parent or Guardian: _____ Date: _____

Print Name: _____

Prairie Crossing Charter School is a public school that transforms our children through academic discovery and interaction with our unique natural, ecological, and community resources.

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