



2018 -2019 Allergy History Form

Student's name (Last) (First) (Middle initial) Birth date Grade Date

Please provide as much detail as possible about your child's present and past allergies. Thorough and accurate information will equip us to create a safe and healthy environment for your child.

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

2. When was the last time your child had an allergic 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 Allergy Emergency Action Plan form must be completed by a licensed medical provider and parent/guardian.

_____ **My child does not need an Allergy Emergency Action Plan.**

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

Parent/guardian name (please print)

Parent/guardian signature

Date

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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