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**Allergy Care Questionnaire**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergy and/or Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please describe your child’s allergy or allergies:**

**Is your child’s allergy (or allergen) airborne or contact or both?**

**Has your child ever had a reaction to the allergy or allergens?**

\_\_\_\_ No, my child has not had a reaction.

\_\_\_\_ No, but has been tested by a physician and tested positive.

\_\_\_\_ Yes, what was the reaction and how was it treated?

**Do you let your child eat items that are processed in the same factory as your child’s allergy? For example**: if you child is allergic to tree nuts, do you let them eat items processed in the facility with tree nuts?

**If your child has an allergic reaction at preschool, what is the best way to reach you?**

***Physician and Parent has discussed and agreed upon this questionnaire:***

**Parent/ legal guardian Initials: \_\_\_\_\_\_\_\_\_ / Date:\_\_\_\_\_\_\_\_**

**Physician’s Initials: \_\_\_\_\_\_\_\_ /Date: \_\_\_\_\_\_\_\_**