

QUAKER LANE COOPERATIVE NURSERY SCHOOL
Allergy Action Form

Student's Name: _____ D.O.B.: _____

My child does not have any known allergies and does not have asthma: _____
 (Check line, then sign & date page 2)

Allergy To:

| Food Allergy | No | Yes | If answering yes, is this a contact allergy too? (write yes or no) |
|---|----|-----|--|
| Peanut/Nut | | | |
| Dairy/Milk Products | | | |
| Wheat | | | |
| Eggs | | | |
| Strawberries | | | |
| Chocolate | | | |
| Soy | | | |
| Other Food Allergy | | | |
| Food preference (ie vegetarian, vegan, etc) | | | |

| Environmental Allergy | No | Yes | Type |
|-----------------------------|----|-----|------|
| Insects | | | |
| Animals | | | |
| Other Environmental Allergy | | | |

| Seasonal Allergy | No | Yes | Type |
|------------------------|----|-----|------|
| Mold | | | |
| Trees | | | |
| Grasses | | | |
| Weeds | | | |
| Other Seasonal Allergy | | | |

Please indicate medication(s) taken to treat any of the above allergies:

Note: If your child requires an Epi-Pen at school, the state requires prior authorization from your doctor signed by both the doctor and the parent.

Please explain, IN DETAIL, how your child reacts when exposed to an allergen:

Is your child aware of his/her allergy? No _____ Yes _____

If yes, how might he/she verbalize his/her symptoms?

Is your child asthmatic? No _____ Yes _____

If yes, is your child at high risk for a severe reaction? No _____ Yes _____

| |
|------------------------------|
| For EpiPen Users Only |
|------------------------------|

*******ACTION FOR A LIFE-THREATENING REACTION*******

Note: If your child requires an Epi-Pen at school, the state requires prior authorization from your doctor signed by both the doctor and the parent.

Please check appropriate action:

_____ If ingestion is suspected, give EpiPen Injection immediately.

_____ If symptoms are _____ give EpiPen Injection immediately.

*******Important: Please label school designated EpiPen with child's name*******

Parent's Signature

Date

Parent's Signature

Date

Please add anything else you would like us to be aware of here, please. Thank You!
