

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!
