

Medical History for Life Threatening Food Allergies

Student _____ **Grade** _____ **Date** _____

Allergic to: _____ **Age of onset** _____

Doctor _____ **Phone Number** _____ **Fax Number** _____

1. What foods are problematic? _____

a. Would consumption of the food to which this child is allergic/intolerant result in a life threatening food reaction? Y or N

b. When was the last reaction? _____

c. Describe the reaction: _____

d. Has the student ever suffered a reaction at school or on the bus? Provide details if so:

e. How long does the reaction last? _____

f. Was a hospital visit required? Y or N

g. Is an injection of Epinephrine required to stop the attack or reaction? Y or N

h. What else will need to be done in the event of a severe reaction? _____

i. How much time does the school have to respond to the reaction? _____

2. What kind of exposure causes the problem?

a. Does it have to touch the student's skin? Y or N

b. Does the student have to inhale the allergen for a reaction? Y or N

b. Does the student have to ingest the food to trigger a reaction? Y or N

c. How far away must the student remain from the allergen? _____

d. What precautions do the parents use at home? _____ On vacation? _____

In the community? _____

3. Is there a risk of death or serious illness? Y or N

Comments: _____

