

Benton Elementary
Phone: 574-831-2192
Fax: 574-831-2200

Fairfield Community Schools
Health Services
2021 - 2022

Millersburg Elem. & Middle
Phone: 574-642-3074
Fax: 574-642-3918

Fairfield Jr-Sr High
Phone: 574-831-2184
Fax: 574-831-2187

New Paris Elementary
Phone: 574-831-2196
Fax: 574-831-3160

ALLERGIC REACTION PARENT INFORMATION FORM

You indicated on school records that your child, _____ Grade _____ has a history of an Allergic Reaction. It is important to have a health information update annually should your child need help at school. **Please answer in detail the following questions and return these forms to Health Services by the next school day. Please attach additional information or special instructions. If you have questions or concerns, please contact the school nurse.**

HISTORY

1. Has your child been diagnosed with an allergy by a Health Care Provider Yes No If Yes, when? _____

2. Is this allergy life threatening? Yes No

3. Please identify the things that cause an allergic reaction. (Check all that apply, and explain in space given below)

- **Foods:** Peanut Tree nuts Shell Shellfish Eggs Milk Soy
- **Other Foods:** (Please list) _____
- **Insect Stings:** (Please list the type of insect causing the reaction) _____
- **Latex**
- **Chemicals**
- **Vapors**
- **Other:** _____

Please explain all checked boxes: _____

4. How many times has your child had a reaction Never Once More than once

5. Date of your child's last reaction? _____

6. Does your child have asthma? Yes No

SYMPTOMS:

1. Please describe what happens at the onset and during a reaction, how quickly symptoms appear, etc. (Be as specific as possible)

2. Are the symptoms of the reaction changing with each exposure? Same Better Worse

3. How quickly after exposure do symptoms appear?

TREATMENT:

1. How have past reactions been treated? No treatment required Antihistamine (Benadryl) Nebulizer (breathing) treatment
 Inhaler Pipen (Epinephrine) Other

2. How did your child response to treatment?

3. Have you had to seek emergency room treatment for a reaction? Yes No If yes, please explain

4. Date of your child's last appointment with their Health Care Provider?

5. List treatments or medications the Health Care Provider recommended for treating or controlling an allergic reaction:

FORM CONTINUES ON REVERSE SIDE



updated 4/19dlm