Huguenot Nursery School

Food Allergy Questionnaire

Childs Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list all foods that your child is allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How many times has your child had a reaction to each food? \_\_\_\_\_\_\_\_\_\_\_\_
3. Please explain in detail about your child’s reaction to the ingestion of the food (s) you have listed. Included what age your child was at the time of the reaction, what symptoms your child had during the reaction and what medical care and medications were required to treat the reaction.
4. We will do everything possible to prevent your child from having a food allergy problem while they are in our care. In the unlikely event your child is exposed to the food they are allergic to we will first call 911, then one staff member will call you and one staff member will administer the epi pen if your child has an epi pen.
5. Has your child had a reaction to food manufactured/produced/packaged in a plant that also handles the food your child is allergic to? \_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE SEE REVERSE SIDE.

1. Has your child had a reaction to the smell of the food? \_\_\_\_\_\_\_
2. Has your child had a reaction from touching the food? \_\_\_\_\_\_\_\_
3. If yes to questions 5,6 or 7 please give specific details. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Does your child have an epi – Pen? \_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, you will need to provide an epi –pen that is kept in school before your child begins school. Please speak to the director to get the required forms.

1. Please list any medications that your child takes in the event of an allergic reaction. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You will need to provide any medication to be kept in the building in original packaging for your child.

1. Please list your child’s specific symptoms when an allergic reaction is occurring. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is your child under a doctor’s care for their food allergy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctors Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Address and Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:

Date: