

**INFORMATION CONCERNING STUDENT WITH ALLERGIC REACTION
FOOD, CONTACT OR INSECT BITE**

NURSING ASSESSMENT-PARENT INFORMATION

Name of child _____

Please list the items to which your child is allergic:

Foods: PEANUTS _____ NUTS(list) _____ MILK _____ EGGS _____

OTHER(list) _____

LATEX ALLERGY describe _____

INSECT BITE: BEE _____ OTHER _____ Has your child been stung? _____

When did your child exhibit this allergic reaction? _____

How many times did it occur? (Give dates if possible) _____

Describe in detail past allergic reaction _____

What steps were taken at that time? _____

Is your child's physician aware of this reaction? _____ Has he/she treated your

child for this reaction? _____

Are your child's allergic symptoms limited to indigestion? YES ___ NO ___

Explain _____

WAS AN EPI-PEN EVER USED? Yes ___ No ___

Parent/Guardian _____