Edmonds SCHOOL DISTRICT
Each student learning, every day!

Student Health Services
Allergy Information Form - Annual Update

Student: ____________________________ Grade: ____ Birthdate: ________ School:____________________

Information collected from this form will UPDATE the nurse on your student's health condition for the purpose of school planning. Once completed, return this form to your school nurse. If your student's allergy is not food-related, skip questions related to food.

➢ If your student NO LONGER requires an EpiPen for their allergy, you must submit a healthcare provider note for the school nurse in order to discontinue their school health plan and medication. If this applies to you, check YES here: ❑

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1. What is your student allergic to? ❑ Peanuts ❑ Treenuts ❑ Wheat ❑ Eggs ❑ Fish
   (to ensure accuracy year to year) ❑ Shellfish ❑ Milk ❑ Soy ❑ Latex ❑ Bee/Insect Stings
   ❑ Other:

2. In the past year, has anything changed regarding the allergy (i.e. new or resolved allergies, change in symptoms, change in medication, new allergy testing, etc.)?: ❑ No ❑ Yes

3. When and where was your student's last allergy testing? ____

4. Has your student had any allergic reactions in the past year? ❑ No ❑ Yes, describe (Be specific: When was it? How quickly reaction occurred? Symptoms? What did you do? Did it require medical care?): ______________________________
   ____
   ____

5. Over time are reactions: ❑ Staying the same ❑ Getting better ❑ Getting Worse ❑ I don't know

6. Has your student reacted to allergen by: ❑ Eating/ingesting food ❑ Touching food ❑ Smelling food

7. If your student has asthma, what are their current asthma medications? ❑ N/A: ______________________________
   When did they last use a rescue inhaler? __________________ How often is inhaler used? ____________________

8. If your student has environmental or seasonal allergies, what are they? ❑ N/A: ______________________________
   Do they take allergy medication? ❑ No ❑ Yes, what (daily & as needed): ________________________________

9. INDEPENDENCE: Does your student...

Know what their allergy is?	❑ Yes ❑ No
Know not to share or trade food/utensils?	❑ Yes ❑ No
Tell an adult if they've had an exposure or symptoms?	❑ Yes ❑ No
Know how to use their EpiPen?	❑ Yes ❑ No
Know how to read food labels and determine if a food is allergen-free?	❑ Yes ❑ No
Independently avoid foods that cause allergic reaction? Are they able to self-monitor their allergies competently and independently?	❑ Yes ❑ No

10. What medication do you intend to provide for school next year? (check all that apply):
    ❑ Epinephrine: ❑ 1 or ❑ 2 ❑ Albuterol inhaler ❑ Antihistamine

11. Does your student plan to self-carry medication at school next year? ❑ No ❑ Yes, what: ________________________
    (Requires authorization from nurse, parent, and health provider.)

OVER →

12. School Meals/Snacks:

- Are you planning for your student to eat school breakfast or lunch? ❑ Daily* ❑ Occasionally* ❑ Never
  *(*If yes and your student has a severe allergy to milk, eggs, soy, or wheat, please ask nurse about a diet accommodation form.)*
- Do you review the lunch menu monthly if your student buys school meals? ❑ No ❑ Yes
- Does your student require an allergy-free eating area (i.e. nut-free zone or table)? ❑ No ❑ Yes
- If your student is allergic to eggs: ❑ N/A ❑ Yes, can they eat eggs in baked goods? ❑ No ❑ Yes
- ***For Elementary:*** Are you planning to send snacks to keep in the classroom in case of special events? ❑ No ❑ Yes

13. School-Sponsored Activities & Field Trips:

- Will your student be involved in school-sponsored activities, events, or sports outside the school day? ❑ No ❑ Yes
- If YES, What? ____________________________________ *(*It is parent's responsibility to inform adult/coach of student's condition.)*
- **For 5th-12th grade:** Can your student self-carry/administer medication and independently manage their allergies?
  ❑ No ❑ Yes* *(*Requires authorization from nurse, parent, and health provider.)*

14. Transportation:

- Will your student take the school bus to school? ❑ Never ❑ Sometimes ❑ Always
- For bus-riders, should your student sit up front, close to the driver? ❑ No ❑ Yes

15. List Emergency Contacts for your student:

(name) *(relationship)*	*(phone number)*	*(phone number)*
(name) *(relationship)*	*(phone number)*	*(phone number)*

16. List primary care provider and specialists involved in your child's care:

Physician	Type of Provider	Date Last Seen	Phone

17. Does your student have health insurance: ❑ No ❑ Yes, which one? ____

18. Are you having challenges getting allergy medication or connecting with a doctor? ❑ No ❑ Yes

______________________________________ ____________ ____________________________________

Parent/Guardian Signature & Relationship ***Date*** ***Email Address***