

Severe Food Allergy Questionnaire

Dear Parent/Guardian: Please answer the following questions and return to the school nurse as soon as possible. This information will be used to assist the nurse in designing a plan of care individualized to your child's particular needs throughout the school day.

Students' Last Name:	First Name:	Grade: or KDG AM() or PM ()	Weight in lbs:
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1. What is your child allergic to? _____
2. When/how was your child diagnosed with this allergy? _____
3. Please describe allergic reactions including triggers and warning signs _____

4. When was the last time your child had an allergic reaction? _____
5. What treatment was provided at the time of that allergic reaction? _____

6. Is your child aware of their allergy? _____
7. Is your child aware of signs and symptoms of an allergic/anaphylactic reaction? _____
8. If so, how does your child describe an allergic reaction? _____
9. Does your child know to tell an adult if they are having an allergic reaction? _____
10. Does your child know ways to avoid allergic/anaphylactic reactions? ____ If yes, how? _____

11. Does your child wear a Medical Alert bracelet or necklace? _____ If not, this is **highly recommended**.
12. Is your child able to self-administer their Epi-pen? _____
13. Will your child be carrying their Epi-pen? _____
(Please note attached Food Allergy Action Plan, Medication Administration Form and Student Agreement)
14. Will it be necessary for your child to sit at a lunch table free of particular foods? _____
15. Would you like to give your child's teacher or school nurse a bag of "safe snacks" so there is always something your child can choose during an unplanned special event? _____
16. Would you like to give your child's teacher or school nurse a non-perishable lunch to keep in school in case your child forgets to bring their lunch or lunch money? _____
17. Would you like to speak with a member of the Food Services Department? Yes _____ No _____ If yes, please phone Ms. Tricia Wood, Director of Food Services & Nutrition Specialist at Ph724-693-3019 or email wood@southfayette.org
18. Would you like to speak with your child's school nurse? Yes _____ No _____ If yes, please phone 412-221-4542 followed by the appropriate extension:
 grades 9-12 & preschool ext223 grades 6 — 8 ext 259 grades 3 — 5 ext 320 KDG — grade2 ext 333

Please note: If your child is participating in activities before and after the school day including extended day care, extracurricular activities and trips, athletics, or summer camps, it is imperative that YOU inform the supervising adults of your child's food allergies, special needs and treatment plan. This is necessary because the school nurses are not aware of all activities students are participating in beyond the normal school day/school year.

Parent /Guardian Signature _____ Date _____
 Received by school nurse on _____ Initials _____