

Student Allergy History Form

Student:	School:	Effective Date:
Date of Birth:	Grade:	Teacher:

Please note: Food Allergy and Anaphylaxis Emergency Care Plans must be submitted annually at the beginning of each school/SACC year dated after May 1, and whenever modifications are made to this plan.

To be Completed by Parent/Guardian

Contact Information		
Parent/Guardian #1:		
Address:		
Telephone – Home:	Work:	Cell:
Parent/Guardian #2:		
Address:		
Telephone – Home:	Work:	Cell:
Emergency Contact #1:		
Telephone – Home:	Work:	Cell:
Emergency Contact #2:		
Telephone – Home:	Work:	Cell:
Health Care Provider’s Name:	Office Phone:	
Medical History		
What is your child allergic to?		
What age was your child when diagnosed?		
Has your child ever had a life-threatening reaction?		
What is your child’s typical allergic reaction?		
Does your child have asthma?		
Does your child know what food/allergens to avoid?		
Will your child eat the school provided breakfast and/or lunch?		
Will you be providing meals and snacks for your child at school/SACC?		
How does your child travel to school/SACC?		
<input type="checkbox"/> Bus # <input type="checkbox"/> Car <input type="checkbox"/> Walk		