

**Jericho Union Free School District  
Jericho, New York**

**SCHOOL HEALTH SERVICES**

<b>Health History – Caring for Students with Food Allergies</b>
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Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Primary Health Concern: \_\_\_\_\_

Secondary Health Concern: \_\_\_\_\_

Diagnosis (note specific allergens): \_\_\_\_\_

At what age was the student diagnosed with a food allergy? \_\_\_\_\_

What symptoms led to the diagnosis? \_\_\_\_\_

What are the child's usual symptoms? \_\_\_\_\_

Approximately how many allergic reactions has the student experienced? \_\_\_\_\_

When was his/her last allergic reaction? \_\_\_\_\_

Has the student been hospitalized as a result of an allergic reaction? \_\_\_\_\_

No  YES  - How many times? \_\_\_\_\_

Does the student have an early awareness of the onset of an allergic reaction? YES  No

What treatment does the student usually require for an allergic reaction? \_\_\_\_\_

Has the student experienced an allergic reaction at school before? YES  No

If so, please describe the latest incident: \_\_\_\_\_

Does the student have asthma? YES  No  (asthma can increase the severity of a reaction)

How have previous allergic reactions affected his\her asthma? \_\_\_\_\_

Is the student self directed? YES  No

Is there anything else the school should know to take the best care we can of your child? \_\_\_\_\_

All school health information is handled in a respectful and confidential manner. May the school health office staff this information with the school staff on a "need to know" basis? YES  No

Parents /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_