

Epiphany Catholic School

I would ask that you complete the information listed below and return this form to school by August 20, 2019.

ALLERGY QUESTIONNAIRE

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_

Parent Signature \_\_\_\_\_

Please check the response that applies to your child's allergy.

1. Allergic to peanut butter \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Allergic to nuts \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Allergic to products containing peanut oil \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Allergy to products that were packed in a facility that processes peanuts and nuts  
\_\_\_\_\_ Yes \_\_\_\_\_ No
5. Allergic reaction if peanut product touches the skin? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Allergic to red ants \_\_\_\_\_ Yes \_\_\_\_\_ No
7. Allergic to egg products \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Other allergies \_\_\_\_\_

9. Antihistamine must be administered if my child has an allergic reaction \_\_\_\_\_ Yes \_\_\_\_\_ No

10. EpiPen must be administered if my child has an allergic reaction \_\_\_\_\_ Yes \_\_\_\_\_ No

11. The School must call 911 if my child has an allergic reaction \_\_\_\_\_ Yes \_\_\_\_\_ No

Please include any other facts that are important in our understanding of your child's allergy.

\_\_\_\_\_  
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EpiPen Information:

Does the school have an EpiPen for your child? \_\_\_\_ Yes \_\_\_\_ No How Many ?