



Health Services Department  
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### ALLERGY QUESTIONNAIRE

Dear Parent or Guardian of \_\_\_\_\_ DOB: \_\_\_\_\_

Previously received information indicates that your son/daughter has had a history of allergic reaction(s). Please complete the following to assist us in being better prepared in the event of a problem at school.

Please circle all previous offending substances:

- |                     |                        |           |
|---------------------|------------------------|-----------|
| Milk, Milk Products | Fish/Shellfish/Seafood | Latex     |
| Water Chestnuts     | Dyes                   | Chocolate |
| Eggs                | Soaps                  | Smoke     |
| Wheat               | Peanuts                | Tree Nuts |
| Misc. Nuts          | Perfumes               |           |

Fruits: apricots/avocados/bananas/cherries/grapes/kiwi/papaya/passion fruit/peaches/pineapples/strawberries

Other allergens (please be specific): \_\_\_\_\_

Medications (if so, what?): \_\_\_\_\_

Vaccines (if so, what?): \_\_\_\_\_

How many times in the past has there been a problem with an allergy? \_\_\_\_\_

Please describe the symptoms experienced with exposure to, or ingestion of an allergen. If different substances have caused varied reactions, please describe each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has there ever been a reaction which has caused anaphylaxis, respiratory or cardiac arrest? If yes, to what? \_\_\_\_\_

Has there ever been other serious reactions? If yes, what occurred? \_\_\_\_\_

Has there ever been a history of asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

Has there ever been a history of insect sting allergy? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the physician order any medication to be taken after an exposure to an allergen? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what? \_\_\_\_\_

Has he/she ever received desensitizing injections? \_\_\_\_\_

Has student been trained in the use of an epi-pen? \_\_\_\_\_

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**If the physician recommends that your child have medication available at school, the following is required:**

- A note with specific instructions from the physician (**IMPORTANT NOTE: if medication, such as EpiPen, is to be carried it must be specified on both the physician and parent notes**),
- A note of authorization from the parent
- Properly labeled container(s) brought to the Health Office with the above notes

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Thank you for your assistance