

Epiphany Catholic School

I would ask that you complete the information listed below and return this form to school by August 22nd.

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.

EpiPen Information:

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