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| Santa Fe Trail USD #434  Allergy Questionnaire | |
| Student Name: (one student per form) | |
| Date of Birth: | |
| Grade: | |
| Medication Allergies: | |
| Food Allergies: | |
| Latex Allergy: | |
| Bee/Wasp Sting Allergy: | |
| Environmental (Grass, Molds, Chemicals, Smoke, pollens, animal dander, etc.): | |
| What reactions does your student have with the above allergies? (i.e., sneezing, rashes, local swelling, asthma, anaphylaxis, etc.) | |
| How do you treat the above allergy? | |
| Has your student ever been treated in the emergency room or hospitalized because of a sever allergic reaction?  Yes/No If yes, please explain: | |
| Parent/Guardian Name: | Date: |
| Parent/Guardian Signature: | |