



OUR LADY OF THE WAYSIDE SCHOOL

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www.olwschool.org

Annual Severe Allergy Survey – Parent Information

SCHOOL YEAR **2022-2023**

Please complete/scan/email this form to the school nurse (schoolnurse@olwschool.org) by Tuesday, August 9th.

Please provide us with information about your child's allergies. Annually, please update this form with new information. If there are questions, your school nurse will follow up with you.

Student Name _____ Grade _____

1. Please indicate what your child is allergic to by checking the appropriate box.

<input type="checkbox"/> peanuts	<input type="checkbox"/> bee sting
<input type="checkbox"/> tree nuts	<input type="checkbox"/> latex
<input type="checkbox"/> milk	<input type="checkbox"/> other _____

2. At what age did your child experience their first allergic reaction? _____

3. Please describe the signs and symptoms of the allergic reaction he/she has had in the past?

<input type="checkbox"/> itching, tingling, or swelling of lips, tongue, mouth
<input type="checkbox"/> hives, itchy rash, swelling of the face or extremities
<input type="checkbox"/> nausea, abdominal cramps, vomiting, diarrhea
<input type="checkbox"/> tightening of throat, hoarseness, hacking cough
<input type="checkbox"/> shortness of breath, repetitive coughing, wheezing
<input type="checkbox"/> fainting, pale, blueness
<input type="checkbox"/> other _____

4. Has your child seen a doctor for this allergy?

Yes No

If yes, what medical treatment was provided and by whom?

5. Has your child been seen at an emergency room because of an allergic reaction, and if so, what medication was given?
6. When was the last time your child had an allergic reaction?
7. How do you treat allergic reactions at home?
8. Does your child have an epinephrine auto-injector at home?
____ Yes ____ No
9. If yes, an action plan needs to be on file at school (see attached).
10. Please indicate when your child reacts to the allergen by checking the appropriate box
____ eats it ____ inhales it
____ touches it ____ other _____
11. May we share your child's allergy information with his/her classmates?
____ Yes ____ No
12. Does your child need a special seating area at lunch or snack?
____ Yes ____ No
13. Parent would like to be offered the option to accompany child on field trips?
____ Yes ____ No

Please list other accommodations needed at school:

Parent
Signature _____ **Date** _____