OUR LADY OF THE WAYSIDE SCHOOL
432 South Mitchell Avenue » Arlington Heights, Illinois 60005-1894 » T: (847) 255-0050 » F: (847) 253-0543
www.olwschool.org

Annual Allergy Parent Survey - 2022-23

Please provide us with information about your child's allergies and return this form to the school office by Monday, August 9th. If you prefer, scan/email to schoolnurse@olwschool.org. If there are questions, the school nurse will follow up with you.

Student Name_____ Grade_____

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

_____ peanuts ____bee sting _____tree nuts

_____ latex 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?

_____ itching, tingling, or swelling of lips, tongue, mouth

_____ hives, itchy rash, swelling of the face or extremities

_____ nausea, abdominal cramps, vomiting, diarrhea

_____ tightening of throat, hoarseness, hacking cough

_____ shortness of breath, repetitive coughing, wheezing

_____ fainting, pale, blueness

_____ other_____

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

_____ Yes _____ No

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

_____

_____

Has your child been seen at an emergency room because of an allergic reaction, and if so, what medication was given? _____

When was the last time your child had an allergic reaction? _____

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5. How do you treat allergic reactions at home? _____

6. Does your child have an epinephrine auto-injector at home?

_____ Yes _____ No

If yes, an action plan needs to be filed at school.

8. Please indicate when your child reacts to the allergen by checking the appropriate box

_____ eats it _____ inhales it

_____ touches it _____ other_____

9. May we share your child's allergy information with his/her classmates?

_____ Yes _____ No

10. Does your child need a special seating area at lunch or snack?

_____ Yes _____ No

11. 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**_____