



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 - 2026-27

Please provide us with information about your child's allergies and return this form to the school office by Monday, August 10th. 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 _____