

Hopewell Valley Regional School District

Division of Pupil Services
425 South Main Street
Pennington, NJ 08534

ALLERGY QUESTIONNAIRE FOR PARENTS

Child's name _____ Birth date _____ Home phone _____
Parent 1 name _____ Cell phone _____ Work phone _____
Parent 2 name _____ Cell phone _____ Work phone _____
Emergency contact _____ Cell phone _____ Home phone _____
Physician's name _____ Telephone _____

- 1. What is the known allergy? _____
- 2. At what age was the child diagnosed? _____
- 3. What symptoms does your child exhibit when exposed to the allergen?

- 4. What allergy testing has been performed to document this allergy? _____
- 5. Has your child ever been hospitalized for treatment of this allergy? YES NO
- 6. Was your child admitted to an intensive care unit? _____
- 7. What life support measures were used? _____
- 8. What emergency medication has been prescribed? _____
- 9. Has an EpiPen® had to be used? _____
- 10. Does your child react to skin contact with the allergen? YES NO
If yes, what is the reaction? _____
- 11. What other information would you like to share regarding your child's allergy? _____

DOES YOUR CHILD NEED TO SIT AT THE NUT-FREE TABLE?

YES

NO

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Parent's Signature	Date

NOTE: Students with food allergies need to bring their own daily snack, as well as extra snacks for special occasions (class parties, birthday celebrations, etc.).