

**WALNUT VALLEY UNIFIED SCHOOL DISTRICT  
HEALTH SERVICES  
Questionnaire For Parents of Child With Allergies  
Parent Interview**

Student's Name \_\_\_\_\_ School Year \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Classroom \_\_\_\_\_  
Parent's Name(s) \_\_\_\_\_ Telephone (home) \_\_\_\_\_  
(work) \_\_\_\_\_

The following information is helpful to your child's school nurse and school staff in determining any special needs for your child. Please answer the questions to the best of your ability. If you desire a conference with the school nurse, please call for an appointment.

Nurse's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

1. How long has your child had his/her allergies? \_\_\_\_\_
2. Please list the foods, medications, and/or other foreign substances that your child is allergic to:  
\_\_\_\_\_  
\_\_\_\_\_
3. Please rate the severity of his/her allergic reaction (circle)  
  
(Not Severe) 0 1 2 3 4 5 6 7 8 9 10 (Severe)
4. What symptoms/signs does your child show if they eat/have contact with the items above? \_\_\_\_\_
5. What medications does your child take to relieve the symptoms?  
\_\_\_\_\_
6. Does your child have an Epi-pen? \_\_\_\_\_
7. Will medications be kept at the school-site for an emergency situation? \_\_\_\_\_  
If so, please list: \_\_\_\_\_
8. If your child suffers a severe allergic reaction in school (not relieved by medication), what plan of action would you prefer school personnel to take?  
\_\_\_\_\_  
\_\_\_\_\_