SCCS ALLERGY HEALTH HISTORY & CONSENT

Student Name: _____ DOB: _____

Parent/Guardian: _____ Best Phone: _____

Physician: _____ Physician Phone: _____

Known Allergies (please list):

_____

_____

What is your child allergic to? (Circle all that apply)

- Insect Bites: bees, wasps, hornets, yellow jackets, fire ants, mosquitoes, spiders, other: _____
- Foods: peanuts, all nuts, milk, all dairy, eggs, wheat, soy, shellfish, fish, other: _____
- Latex, rubber, adhesives: _____
- Medications (list): _____
- Other allergens: pollen, dust, smoke animal dander, chemical fumes, other: _____

How many times has your child had an allergic reaction? ☐ Once ☐ 2-3 times ☐ Other: _____

Has your child ever been hospitalized for a severe reaction? ☐ Yes ☐ No

Describe your child's usual reaction symptoms: _____

How have you treated allergic reactions? _____

List any medications & dosage your child takes daily for allergies: _____

Does your child have any emergency medications for allergies? Please list: _____

Does your child take any other medications? Please list: _____

Please list any side effects your child experiences from his/her medication: _____

Does your child:

- Have the ability to monitor and prevent their own exposures? ☐ Yes ☐ No
- Know what foods to avoid? ☐ Yes ☐ No
- Ask about food ingredients? ☐ Yes ☐ No
- Read and understand food labels? ☐ Yes ☐ No
- Tell an adult immediately after an exposure? ☐ Yes ☐ No
- Wear a medical alert bracelet, necklace, or watchband? ☐ Yes ☐ No
- Firmly refuse a problem food? ☐ Yes ☐ No
- Know how to use emergency medication? ☐ Yes ☐ No
- Administer his/her own emergency medication? ☐ Yes ☐ No

If your child has a food allergy and plans on participating in our hot lunch program, a completed DIET MODIFICATION REQUEST FORM must also be turned in to our school office.

If you have any questions or concerns about your child's health, please contact our school nurse, Jenny Meyer, RN at 712-722-0777 or email jmeyer@siouxcenterchristian.com

PARENT/GUARDIAN SIGNATURE:_____ **DATE:**_____

*(For Office Use Only) Date Received:*_____