## Medical History for Life Threatening Food Allergies

<table>
<thead>
<tr>
<th>Student ______________________________</th>
<th>Grade ___________</th>
<th>Date ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allergic to:</strong> ______________________</td>
<td><strong>Age of onset</strong> ____________</td>
<td><strong>Doctor</strong> ______________________________</td>
</tr>
</tbody>
</table>

1. **What foods are problematic?**
   - a. Would consumption of the food to which this child is allergic/intolerant result in a life threatening food reaction? **Y or N**
   - b. When was the last reaction? ____________________________________________
   - c. Describe the reaction: ________________________________________________
   - d. Has the student ever suffered a reaction at school or on the bus? Provide details if so: ___________________________________________________________
   - e. How long does the reaction last? __________________________________________
   - f. Was a hospital visit required? **Y or N**
   - g. Is an injection of Epinephrine required to stop the attack or reaction? **Y or N**
   - h. What else will need to be done in the event of a severe reaction? ______________
   - i. How much time does the school have to respond to the reaction? ______________

2. **What kind of exposure causes the problem?**
   - a. Does it have to touch the student’s skin? **Y or N**
   - b. Does the student have to inhale the allergen for a reaction? **Y or N**
   - c. Does the student have to ingest the food to trigger a reaction? **Y or N**
   - d. How far away must the student remain from the allergen? ________________________
   - e. What precautions do the parents use at home? ____________ On vacation? _________
   - f. In the community? ________________________________________________________

3. **Is there a risk of death or serious illness?** **Y or N**

**Comments:** ___________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________