

Nekoosa School District

_____ **School Year**

Allergy Questionnaire

Many students have allergies to certain foods, peanuts, other nuts, medication, bee/insect stings, latex, or allergens. In order for school personnel to deal with the problem in the most effective way please provide the following and return to school.

Name of student _____

Allergic to: _____
Name of food, peanut, type of nut, medication, bee/insect, latex, or other allergen

What symptoms does your student usually have? (Please be specific)

If the student is exposed to the above listed allergen during school hours, the following procedure is recommended by the parent and the student's physician:

- _____ Watch for symptoms and contact parents
- _____ Immediately administer medication as directed on medication form
- _____ call rescue unit**
- _____ other _____

**A rescue unit will be called in all situations where a student is experiencing potentially life threatening symptoms or a prescription epi-pen has been administered.

Please discuss your decision with your child so that they understand what action should be taken. School policy requires a Parent/Guardian Consent Form for Medication to be completed on all students needing medication at school. In addition, if the medication is a prescription medication, the Clinician's Order for Administration of Prescription Medication must also be completed and signed by the clinician. Please complete the attached medication form if indicated and send medication to school appropriately labeled.

Signature of Parent/Guardian

Date