

Medical History for Life Threatening Food Allergies

**Student** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Date** \_\_\_\_\_

**Allergic to:** \_\_\_\_\_ **Age of onset** \_\_\_\_\_

**Doctor** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

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

b. Does the student have to ingest the food to trigger a reaction? Y or N

c. How far away must the student remain from the allergen? \_\_\_\_\_

d. What precautions do the parents use at home? \_\_\_\_\_ On vacation? \_\_\_\_\_

In the community? \_\_\_\_\_

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

Comments: \_\_\_\_\_

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