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| Santa Fe Trail USD #434Allergy Questionnaire |
| Student Name: (one student per form)  |
| Date of Birth:  |
| Grade:  |
| Medication Allergies:  |
| Food Allergies:  |
| Latex Allergy:  |
| Bee/Wasp Sting Allergy: |
| Environmental (Grass, Molds, Chemicals, Smoke, pollens, animal dander, etc.): |
| What reactions does your student have with the above allergies? (i.e., sneezing, rashes, local swelling, asthma, anaphylaxis, etc.) |
| How do you treat the above allergy? |
| Has your student ever been treated in the emergency room or hospitalized because of a sever allergic reaction? Yes/No If yes, please explain:  |
| Parent/Guardian Name:  | Date:  |
| Parent/Guardian Signature:  |