Beanstalk
Helping Families Grow Healthy Children.

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ALLERGY QUESTIONNAIRE

Child's Name_____ Date of Birth_____

1. Does your child have a diagnosis of an allergy from a healthcare provider?
Yes ___No ___

2. HISTORY AND STATUS
A. What is your child allergic to?
____Peanut ____Insect Stings
____Eggs ____Fish/Shellfish
____Milk ____Chemicals Please List: _____
____Latex ____Vapors _____
____Soy ____Tree Nuts
____Other Please List: _____
B. Age of child when allergy was first discovered: _____
C. How many times has child had a reaction? Never ____Once ____More than once_____
D. Explain past reaction(s): _____
E. Symptoms: _____

3. TRIGGERS AND SYMPTOMS
A. What are the early signs and symptoms of your child's allergic reaction? _____
_____

B. Please check the symptoms that your child has experienced in the past:

Skin: Hives ____Itching ____Rash ____Flushing ____Swelling____

Mouth/throat: Itching ____Swelling ____Difficulty swallowing_____

Abdominal: ____Nausea ____Cramps ____Vomiting ____Diarrhea

Throat: Itching ____Tightness ____Cough ____Hoarseness_____

Lungs: Shortness of Breath ____Repetitive Cough _____

Heart: Rapid or irregular Heartbeat ____ Faintness/Dizziness _____Loss of Consciousness _____

General: Tingling or sensation of warmth _____Anxiety/Fear_____

4. TREATMENT/MEDICATION

A. Does your child take medication for their allergies? Yes _____No_____

If yes, please list the medications: _____

B. Has your child ever required an EpiPen? Yes ____No _____

C. How effective was your student's response to treatment? _____

5. CENTER ACCOMODATIONS

For children with a Nut Allergy

A. Does your child need a Nut Free Classroom? Yes ____No _____

B. Is your child required to sit at the Nut Free Table at meal times? Yes ____No _____

C. May your child eat products with a label that states "May contain nuts"? Yes ____No _____

D. May your child eat products that states "Produced in a facility that has nuts"? Yes ___No _____

E. May your child eat products that "May have been produced on same equipment with nuts"? Yes ____No ____

For children with an Egg Allergy

A. May your child eat eggs in baked goods? Yes ____No ____

For children with a Milk Allergy or Intolerance

A. May your child eat any products containing milk? Yes ____No _____

Additional comments or concerns:

_____

_____

_____

_____

Parent/Guardian Signature: _____ Date: _____

Center Supervisor Signature: _____ Date: _____

Copy to Center Manager Date_____