Channahon School District

www.csd17.org

24920 S. Sage Street, Channahon, IL 60410 815-467-4315 · 815-467-4343 (fax) Nicholas Henkle, Superintendent

ALLERGY ASSESSMENT- PARENT INFORMATION

Student:			Grade:		
	e provide us with information ab with new information. If you hav	•		•	
1.	Please indicate what your child Peanuts Tree Nuts Milk		Bee Sting Latex	ropriate box.	
2.	At what age did your child first experience an allergic reaction?				
3.	When was the last time your child had a reaction?				
4.	Please describe the type of allergic reaction he/she has had in the past. Itching, tingling, or swelling of lips, tongue or mouth Hives, itchy rash, swelling of the face, arms or legs Nausea, abdominal cramps, vomiting, diarrhea Tightening of throat, hoarseness, hacking cough Shortness of breath, repetitive coughing, wheezing Fainting, pale and/or blueness of the skin Other				
5.	Has your child seen a doctor for this allergy?YesNo				
6.	Has your child been seen at an emergency room because of an allergic reaction, and if so, what medication was given?				
7.	How do you treat allergic reactions at home?				
8.	Does your child have an Epi-Pen at home?YesNo				
9.	If yes, does your child know ho	w to use an Epi-F	Pen?Yes	No	
10. Please indicate when your child reacts to the allergen by checking the appropriate box:					
	Eats it other	Inhales it		ches it	
11.	Will your child have an Epi- Pe If so please check the box	n at school?Will carryWill keep	with him/her. Wh	No nere	
Paren	t/Guardian:		Date	o:	
Name	and Number of Physician:				