

**Blessed Sacrament School  
Allergy History Form**

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Homeroom/Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

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- 1) When and how did you first become aware of the allergy?
  
- 2) How would you rate the severity of this student's allergy? (please circle)  
(not severe) 1 2 3 4 5 6 7 8 9 10 (severe)
  
- 3) When was the last time your child had a reaction?
  
- 4) Please describe the signs and symptoms of the reaction.
  
- 5) What medical treatment was provided and by whom?
  
- 6) If medication is required while your child is at school, an Emergency Action Plan (EAP) form must be completed by a licensed medical provider and parent/guardian. Please list medications below:
  
- 7) Please describe the steps you would like us to take if your child is exposed to this allergen while at school.

Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Contact Number: (    ) \_\_\_\_\_