

STUDENT MEDICAL/ALLERGY QUESTIONNAIRE

Student Name

Grade

1. List any medical conditions that school personnel should be aware of:
2. List any medications that student is taking or that have been prescribed:
3. Does your child have any allergies? Yes No
If yes, please answer these additional questions:

--What are the allergies?

--What treatment or medications are used?

--Is your child aware of the allergy, aware of signs and symptoms, and able to tell an adult if they are having an allergic reaction? Yes No

--If necessary, is your child able to self-administer their EPI-Pen? Yes No

4. List any additional information you feel is important for our school staff to know and be aware of:

Parent Signature

Date

X
