



Where Students Come First

1700 S. O'Plaine Rd, Green Oaks, IL 60048 • (847) 367.4120 • www.ogschool.org

ALLERGY HISTORY FORM

CHILD'S NAME:

DATE:

ALLERGY:

Please provide us with more information about your child's health needs by responding to the following questions and returning this form to the school nurse.

1. When and how did you first become aware of the allergy?
2. When was the last time your child had a reaction?
3. Please describe the signs and symptoms of the reaction.
4. What medical treatment was provided and by whom?
5. If medication is required while your child is at school, please have the enclosed Emergency Action Plan and medication forms completed by a licensed medical provider and parent/guardian.
6. Do you want your child to sit at the "Allergy Aware" table at lunch?
Yes _____ No _____
7. Please describe the steps you would like us to take if your child is exposed to this allergen while at school.

Parent/Guardian Signature _____ Date _____

Print Name _____