

# Happy Valley Preschool

## Allergic Reaction Questionnaire

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

Child: \_\_\_\_\_

DOB: \_\_\_\_\_

Dear Parent/Guardian:

Please provide the following information on your child's allergic reaction to help us understand your child's health needs.

**Allergic Reaction to** \_\_\_\_\_

**At what age was he/she diagnosed:** \_\_\_\_\_

**Please describe the *initial* allergic reaction:** \_\_\_\_\_

\_\_\_\_\_

**What treatment was provided:** Nothing \_\_\_\_\_, Benadryl \_\_\_\_\_,  
911/ER \_\_\_\_\_ EpiPen \_\_\_\_\_

**Has he/she had any allergy testing done** \_\_\_\_\_ Yes, \_\_\_\_\_ No

**If Yes,** by Dr. \_\_\_\_\_, approximate date of testing \_\_\_\_\_, results \_\_\_\_\_  
\_\_\_\_\_, was EpiPen prescribed for school \_\_\_\_\_ Yes, \_\_\_\_\_ No

**Has he/she had subsequent episodes,** \_\_\_\_\_ Yes, \_\_\_\_\_ No. **Was it worse than the initial incident** \_\_\_\_\_ Yes, \_\_\_\_\_ No. **Please describe:** \_\_\_\_\_

\_\_\_\_\_

**What symptoms does your child typically experience during an allergic reaction?**

\_\_\_\_\_ localized swelling, \_\_\_\_\_ itching of skin, tongue, throat, ears, \_\_\_\_\_ sneezing,  
\_\_\_\_\_ vomiting, \_\_\_\_\_ several hives, \_\_\_\_\_ swelling of tongue, throat, drooling,  
\_\_\_\_\_ spreading of huge hives \_\_\_\_\_, respiratory distress, wheezing, incessant coughing,  
\_\_\_\_\_ loss of consciousness.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return the completed form to the office at Happy Valley.**

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home phone#

\_\_\_\_\_  
Work phone#

\_\_\_\_\_  
Cell phone#

I certify that the above entry is my signature and authorize its use for this document (please enter your initials).