

Allergy Addendum

On the medical form, you listed that the student has allergies (i.e. bee/insect stings, shellfish, iodine, nuts, dairy, other foods, pollen, medications, and any other known allergies). When we have the proper information we can accommodate many allergies. Please complete the questionnaire below. Responding as promptly and thoroughly as possible will help us!

Student Name: _____ Date of Birth: _____

Allergen # _____ of _____

Allergy/Allergen: _____
Alternative/related/other names: _____
When diagnosed with this allergy: _____
How diagnosed to this allergen: _____
Sensitivity (ingestion, contact, injection, etc.): _____
Symptoms during an allergic reaction (what happens?): _____

During a reaction: face swelling and/or difficulty breathing (anaphylactic reaction)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the student take any medication for this allergy? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please complete the Medication Addendum</i>
Has the student ever been hospitalized for this particular allergy? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If Yes, explain in detail on separate sheets as necessary</i>
Is the student on an allergy desensitization program? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If Yes, please explain in detail on separate sheets as necessary</i>
Does the student have and carry epinephrine for this allergy? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If Yes, the student must bring two delivery devices to BFS</i>

Allergen # _____ of _____

Allergy/Allergen: _____
Alternative/related/other names: _____
When diagnosed with this allergy: _____
How diagnosed to this allergen: _____
Sensitivity (ingestion, contact, injection, etc.): _____
Symptoms during an allergic reaction (what happens?): _____

During a reaction: face swelling and/or difficulty breathing (anaphylactic reaction)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the student take any medication for this allergy? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Has the student ever been hospitalized for this particular allergy? Yes <input type="checkbox"/> No <input type="checkbox"/>
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