

Wayzata Schools Health Office • Anaphylaxis Questionnaire

Student: _____ Date of birth: _____ Grade: _____

School: _____ Teacher/Advisor: _____ Bus #: _____

Health History Pertaining to Anaphylaxis

Child's age and symptoms at diagnosis: _____

Has your child been treated with epinephrine or seen at the emergency room? Yes No

If yes, how often and at what age (s)? _____

Are there any early warning signs or symptoms of an impending reaction and does your child recognize these?

Accommodations

Is your child capable of recognizing and avoiding their allergens? Yes No

If no, which of the following would you request for your child?

In the **classroom**:

- Child will have no snacks unless provided by parent/guardian.
- Parents will be asked to **avoid sending known allergens in any shared snacks** (birthday treats, etc.)
- Letter will be sent to parents of other classmates asking that they avoid sending foods containing known allergens for **their child's snacks** at school
- Teacher will review lesson plans and projects and modify as needed to protect the student
- NO ACCOMMODATIONS NEEDED

In the **cafeteria**:

- Child will sit at the peanut-restricted table
- NO ACCOMMODATIONS NEEDED

On the **bus**:

- Child will sit in the first two rows
- Parent will introduce student to driver and show where EpiPen is located
- NO ACCOMMODATIONS NEEDED

Parent /Guardian Signature _____ Date _____

Management Plan - See Attached Anaphylaxis Action Plan

*A copy of the Anaphylaxis Action Plan will be kept in the health paraprofessional and teacher substitute folders and with the EpiPen container. This plan will be given to all staff members involved with the student.

EpiPen locations: Health Office Classroom Carried by teacher or paraprofessional

With student _____ (specify location)

School Health Paraprofessional _____ Phone # _____

Licensed School Nurse _____ Phone # _____