

## Family Food Allergy Health History Form

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Parer	nt/Guardian:			Today's Dat	e: * anabi	b Does your stu	
Home	Phone:	Clike Clives	Work:	Cel	e what loads to :	van)4 L	
rima	arv Healthcare Pr	rovider:		Pho	ne:	Ask a	
Allergist:							
		29710 0.10	91	respectation and expose	significant factor in		
	oes your child h	ave a diagnosis of an allent Status		are provider: $\Box$ $\land$	lo □ Yes		
		Lay Lay Lay	Coerts allow of coor	name nive healt be	d ever administer	d Has your chile	
a.	What is your child allergic to?		the state of the s	ge of student when			
	Peanuts	to the contract of the contrac		c. How many times has student had a reaction?			
	☐ Eggs	☐ Fish/Shellfish	H S HERMAN PARK LIN	Never 🗆 Once	☐ More than o	once, explain:	
	☐ Milk	☐ Chemicals		unlain thair mart ros	action(s).	hr Door your ob	
	☐ Latex	Action and the second s	The second secon	plain their past rea			
	Soy	☐ Tree Nuts (walnuts,	ACT OF THE PERSON AND ADDRESS OF THE PERSON	mptoms:e the food allergy r	eactions: D Same	□ □ Retter □ Worse	
	U Other:		1. Al	e the rood allergy i	eactions. a same	e abetter a worse	
a.		arly signs and symptoms					
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b.	might say.) How does your How quickly do	child communicate his/h	ner symptoms? exposure to food(s)	?secs	Ling grant adeleted www.salsanddty	days	
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a. Is your stud b. Does your s	ent able to monitor	and prevent their o	Wn exposuros	☐ No	☐ Yes	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P
		Galvabol	wirexposures:	LI NO	☐ Yes	
	w what foods to avo			☐ No	☐ Yes	
	about food ingredie			□ No	☐ Yes	
	d and understands f			□ No	☐ Yes	
4. Tell	an adult immediate	ly after an exposure		□ No	☐ Yes	
	ar a medical alert bra			☐ No	☐ Yes	
	peers and adults ab		dissil a most ygro	□ No	☐ Yes	
	nly refuses a problen			☐ No	☐ Yes	
c. Does your c	hild know how to us	e emergency medic	ation?	☐ No	☐ Yes	
d. Has your chi	ild ever administered	d their own emerge	ncy medication?	□ No	☐ Yes	
. Family / Home	e a sa bed mobult as	How many times ha	3	agrific	Devel D	T Peanuts
	feel that the whole	family is coping wit	h vour student's fo	ond allergy?	nevialiti	Alba r
b. Does your cl	hild carry epinephrir	ne in the event of a	reaction?		☐ Yes	AHIM L
c. Has your chi	ild ever needed to a	dminister that epine	ephrine?		☐ Yes	
d. Do you feel	that your child need	s assistance in copir	ng with his/her foo		Massi E	
General Healt						
<ul><li>c. Hospitalizati</li><li>d. Does your ch</li></ul>	ions? hild have a history of	f asthma?	2 Inabutt tuoy to	□No	□ Yes	Vatere the ear
<ul><li>c. Hospitalizati</li><li>d. Does your character</li><li>If yes, doe</li></ul>	ions?	f asthma? thma Action Plan?	at your student s	□ No	☐ Yes	Vist are the rail
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 ${\it Adapted with permission-Washington State Guidelines for Anaphylaxis}$