

**EDMONDS SCHOOL DISTRICT NO. 15, EDUCATION HEALTH SERVICES**  
 LYNNWOOD, WA 98036-7400  
 Educational Health Services  
**ALLERGIC REACTION UPDATE FORM**

Student Name:	Birthdate:	Date:
School:	Grade:	

**DIRECTIONS:** This form is to get an **UPDATE** on your student’s health status. **Please return ASAP.**

**What is your student allergic to (to assure accuracy year to year)?** \_\_\_\_\_

**Has anything changed regarding the allergy?** (new allergy testing, seen the doctor, change in orders, etc)

No  Yes: \_\_\_\_\_

**When was your student’s last allergy testing?** \_\_\_\_\_

**Has your student had any allergic reactions in the past year?**  No  Yes: please complete below

**Detail the reaction:** when? be specific: write how soon the reaction occurred and what the first symptom was, next symptom and time from exposure, etc., what were the interventions (medication) and how soon after exposure it was given, where the student was etc: \_\_\_\_\_

**The Edmond’s School District’s Food Services do not knowingly serve peanut products to students in grade K-8. IF STUDENT HAS A MODERATE- SEVERE ALLERGY, STRICT AVOIDANCE OF FOOD IS THE ONLY WAY TO KEEP THEM SAFE, THUS WE ASK PARENTS TO SEND IN FOOD FOR THEIR CHILD: LUNCH/SNACKS**

Does your student follow the “no trade” rule for food and utensils at school?  No  Yes

Will your student  buy lunch: You must review the [Allergy Information for Lunch Items](http://www.edmonds.wednet.edu) on district webpage ([www.edmonds.wednet.edu](http://www.edmonds.wednet.edu))> Our Departments and Programs> Food Services or ask for copy in office  
 bring lunch  both

Do you review the lunch menu/website monthly if your student buys lunch?

New items are posted in 4 week cycles  No  Yes

Will you send in snacks to keep in the classroom in case of special events, etc?  No  Yes

*Teachers cannot determine if homemade treats or packaged goods sent in with students to share in the class are allergen free. We recommend you store a few special snacks for your student at school as we cannot safely offer those treats to your student.*

Can your student read labels and determine with certainty if the food is allergen free? **(teachers do not read labels per OSPI)**  Yes  No: **parent to supply teacher with a few special snacks to keep at school**

We have centralized eating. Does your student require an allergy free area to eat (e.g., No peanut area of table)?

No restrictions on where student eats  Yes: **see below**

- Student sits at end of class’s cafeteria table with allergen free area noted by table card that prohibits the allergic food near that the student. Area is wiped specially by adult before and after students eats there. Student’s friends can sit by your student but adult checks that they have none of the allergic food before your child eats.

**If you student has an allergy to eggs:**  N/A  Yes:

Can he/she eat eggs in baked goods?  No  Yes

Are there any baked goods or other food products (if OK to eat eggs in baked goods) your student CANNOT have?

No  Yes: Name: \_\_\_\_\_

**Does your student have asthma?**  No  Yes: what are triggers? \_\_\_\_\_

Daily asthma medications?  No  Yes: what meds? \_\_\_\_\_

Last time used albuterol inhaler \_\_\_\_\_ How often is inhaler used? \_\_\_\_\_

**Environmental allergies?**  No  Yes: what? \_\_\_\_\_

On  daily or  as needed meds for allergies?  No  Yes: what? \_\_\_\_\_

**Does your student develop symptoms if the food is not ingested but comes in contact with the student's: (Please note symptoms)** Skin No  Yes: what? \_\_\_\_\_ Inhalation  No  Yes: what? \_\_\_\_\_

**Does your student take the school bus to school?**  Never  Sometimes  Always: If student rides the bus he/she should always sit at the front close to the driver

**Can your student self-monitor his/her allergies competently and independently?**  No  Yes

❖ **Is your student involved in school sponsored after school activities/sports?**

No  Yes: what/what season? \_\_\_\_\_, \_\_\_\_\_

*\*\*\*\*Parents/guardians are responsible for providing medication and information to people in charge of after school activities. If you inform nurse, the medical alert will be distributed to coach/advisor, if indicated.\*\*\*\**

❖ **Is your student treated with medication for allergies?**  No  Yes: complete following

Medication	Dosage	How often	Side Effects

❖ **List primary care doctor and/or specialists involved in your child's care**

Physician	Type of MD	Date last seen	Phone Number

Does your student have health insurance?  No  Yes: what? \_\_\_\_\_

Dental insurance?  No  Yes: what? \_\_\_\_\_ Dentist: \_\_\_\_\_

❖ **Please list who you want contacted if needed. Place in order of # you want called 1<sup>st</sup>, 2<sup>nd</sup> and identify #**

1. Name:	Relationship:	<b>Phone numbers:</b> 1. (    )    /    2. (    )    / 3. (    )    /
2. Name:	Relationship:	<b>Phone numbers:</b> 1. (    )    /    2. (    )    / 3. (    )    /

**Parent/Guardian Signature/ Relationship**

**Parent e-mail**

**Date**