



Student Severe Allergy Health History

AA-1

Parent/Guardian _____ School/Grade/Teacher _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Primary Healthcare Provider _____ Phone _____
 Allergist _____ Phone _____

1. Does your child have a diagnosis of an allergy from a healthcare provider? ^ No ^ Yes

2. History and Current Status

3. Trigger and Symptoms

a. _____ be specific, include things the student might say

b. How does your child communicate his/her symptoms?

c.

5. Self Care

6. Family/Home

7. General