

Queensbury Union Free School District Health Services
Health History - Caring for Students with Allergies

Student Name: _____ Date of Birth: _____ Grade: _____

Primary Health Concern: _____

Secondary Health Concern: _____

Health Care Provider's Name: _____ Phone: _____

Diagnosis (note specific allergens): _____

At what age was the student diagnosed with an allergy? _____

What symptoms led to the diagnosis? _____

What are the student's usual symptoms? _____

Approximately how many allergic reactions has the student experienced? _____

When was his/her's last allergic reaction? _____

Has the student ever needed an EpiPen? Yes. How many times? _____ No

Has the student been hospitalized as a result of an allergic reaction? Yes, How many times? _____ No

Does the student have an early awareness of the onset of an allergic reaction? _____

Has the student experienced an allergic reaction at school before? Yes No

If yes, please describe the latest incident: _____

Does the student have asthma? (Asthma can increase the severity of a reaction): Yes No

If yes, how have previous allergic reactions affected his / her asthma? _____

Is the student self-directed? Yes No

Is there anything else that the school should know to take the best care we can of your student? _____

All school health information is handled in a respectful and confidential manner. May the school health office staff share this information with school staff on a "need to know" basis? Yes No

Parent / Guardian signature (*handsign or type as an electronic signature*) _____ Date: _____