

Weymouth Health Services

Individual Health Care Plan Allergy Survey

Please complete and return to your child's school nurse.

Student's Name: _____

Allergy: _____

How did you know that your child had this allergy/what did the reaction look like?

When was the last time your child experienced any problems associated with this allergy?

What do you do to prevent any further problems?

Does your child need to eat at a separate table in the classroom?

Weymouth Health Services

Can your child be in the same classroom as other students who are eating _____ ?

Do you think your child has some understanding of his/her allergy?

Does your child carry an EpiPen, Benadryl, or other emergency medication?

Does your child have any restrictions in regards to Physical Education, Field Trips, or after-school activities?

How does your child travel between home and school?

Parent Signature _____

Date _____