

# Allergy & intolerance questionnaire

In order to manage your child's allergy/intolerances in school please complete the following questions.



Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent/guardian \_\_\_\_\_

Contact number \_\_\_\_\_

Does your child have an allergy or an intolerance? \_\_\_\_\_

What are they allergic/intolerant to? \_\_\_\_\_

Have you had this confirmed by a medical professional?

YES  NO

Have they been seen at an allergy clinic? If yes please provide more details.

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What medical advice have you been given?

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Does your child need medication? (if yes provide details)

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How much of the food does it take to cause a reaction?

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What are the symptoms when they come in contact with the above?

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How long does it take for a reaction to start after contact?

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When was the last time they had a reaction?

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Is there anything else you would like us to know about your child's health?

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