



**Lincolnshire-Prairie View School District 103
Administration Offices**

1370 Riverwoods Road • Lincolnshire, IL 60069
847/295-4030 • FAX 847/295-9196
<http://www.d103.org>

Sprague School
FAX # (847) 945-6718

Half Day School
FAX # (847) 634-1968

Daniel Wright Junior High School
FAX # (847) 295-1560

Allergy History Form

Dear Parent/Guardian of:

Date:

According to your child's health records, he/she has an allergy to:

Please provide us with more information about your child's health needs by responding to the following questions and returning this form to the school office/nurse.

- 1) When and how did you first become aware of the allergy?

- 2) When was the last time your child had a reaction?

- 3) Please describe the signs and symptoms of the reaction.

- 4) What medical treatment was provided and by whom?

- 5) If medication is required while your child is at school, the enclosed Emergency Action Plan (EAP) form can be used for this purpose and must be completed by a licensed medical provider and parent/guardian.

- 6) Please complete the enclosed EAP to describe the steps you would like us to take if your child is exposed to this allergen while at school.

Parent/Guardian Signature: _____

Date: _____

Print Name: _____

(Return completed form to School Nurse.)



03/11/14cmm