**Woodland Park Public School District Allergy Assessment**

**TO BE COMPLETED BY PARENTS:**

**Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_**

**Physician’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician’s phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

List all of the allergens that affect your child:

List all the allergens that you know could cause a severe allergic anaphylactic reaction in your child:

Describe the signs ads symptoms your child exhibits during a mild allergic reaction not requiring the use of epinephrine:

Describe any side effects your child experienced from use of epinephrine:

Comments and/or Concerns:

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Signature of Parent/Guardian Date