

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 and 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:

Signature of Parent/Guardian

Date