

FUN School
Anaphylaxis Policy and Procedures

FUN School Allergy Survey

This survey is designed to obtain information concerning life-threatening allergies. Please return the completed survey to FUN School.

Child's Name

Parent/Guardian's Name

1. Does your child have a life-threatening allergy? Yes No
2. Does your child have any allergies which produce any of the following symptoms following exposure to a particular material?
 - Difficulty breathing or swallowing Yes No
 - Fainting or collapse. Yes No
 - Swelling of the tongue, lips or face Yes No
 - Other (specify) Yes No _____
3. Have you been told by your physician that your child requires an emergency medical kit (Epi-Pen).

 Yes No
4. What food or materials is your child allergic to?

I agree that this information is accurate and will be shared, as necessary.

Date

Parent/Guardian Signature