

MEDFORD TOWNSHIP PUBLIC SCHOOLS
Department of Pupil Personnel Services

PARENT FOOD ALLERGY QUESTIONNAIRE

Child's Name: _____

PAST MEDICAL HISTORY

1. At what age was your child diagnosed with a food allergy: _____
2. Please describe your child's food allergy reactions (list dates, severity, etc.):

Date of Reaction	Place Where Reaction Occurred	Symptoms Experienced	Emergency Room Visit Required?	Was Epi-Pen Administered?

SELF-CARE SKILLS:

1. Does your child carry an Epi-Pen? Yes No
2. Does your child know how to use his/her Epi-Pen? Yes No

PLEASE COMPLETE BOTH SIDES