

Parents complete this form for Health Services.

CHRISTIAN HERITAGE ACADEMY

Allergy or Severe Medical Concern History Form

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.

Student Name: _____ Grade: _____

According to my child’s health records, he/she has an allergy to: _____

When and how did you first become aware of the allergy/severe medical concern?

When was the last time your child had a reaction?

Please describe the signs and symptoms of the reaction.

What medical treatment was provided and by whom?

Important - If medication is required while your child is at school, the enclosed Illinois Food Allergy Emergency Action Plan (EAP) form must be completed by a licensed medical provider and parent/guardian.

Please describe the steps you would like us to take if your child is exposed to this allergen while at school.

Signature of Parent or Guardian: _____

Date: _____

Print Name: _____

Office Use Only
Approved _____