



ALLERGY QUESTIONNAIRE

I would ask that you complete the information listed below and return this from to school by
August 31, 2022.

Name of Child _____ Grade _____

Parent Signature _____

Please check the response that applies to your child's allergy.

- | | |
|---|--------------------|
| 1. Allergic to peanut butter | _____ Yes _____ No |
| 2. Allergic to nuts | _____ Yes _____ No |
| 3. Allergic to products containing peanut oil | _____ Yes _____ No |
| 4. Allergy to products that were packed in a facility that processes peanuts and nuts | _____ Yes _____ No |
| 5. Allergic reaction if peanut product touches skin? | _____ Yes _____ No |
| 6. Allergic to red ants | _____ Yes _____ No |
| 7. Allergic to egg products | _____ Yes _____ No |
| 8. Other allergies: | |
| _____ | |
| _____ | |
| 9. Antihistamine must be administered if my child has allergic reaction | _____ Yes _____ No |
| 10. EpiPen must be administered if my child has an allergic reaction | _____ Yes _____ No |
| 11. The School must call 911 if my child has an allergic reaction | _____ Yes _____ No |

Please include any other facts that are important in our understanding of your child's allergy:

EpiPen Information:

Does the school have an EpiPen for your child? _____ Yes _____ No How Many? _____

The mission of Epiphany Catholic School is centered on the Eucharist, aimed at academic excellence, and focused on outreach through service. Inspired by the Magi following the star toward Jesus, we educate our diverse learners to think critically, work collaboratively, and act globally.