

# GOSHEN CHRISTIAN PRESCHOOL



## Allergy Disclosure Form

To ensure the safety of your child at school, Goshen Christian Preschool is requesting that you complete the following Allergy/Severe Food Allergy Information.

This form allows you to disclose whether your child has an allergy or severe food allergy that you believe should be disclosed to GCPS, in order to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction to the human body to a food borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

IF YOUR CHILD DOES NOT HAVE AN ALLERGY/SEVERE FOOD ALLERGY, PLEASE INDICATE NO ALLERGY AND RETURN THE FORM SIGNED AND DATED.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Health Care Provider (name) treating food allergy: \_\_\_\_\_ Phone: \_\_\_\_\_

Does healthcare provider believe this food allergy may be life threatening? ☐ No ☐ Yes

### **History and Current Status** (Check the foods that have caused an allergic reaction)

- |  |                                      |                            |
|--|--------------------------------------|----------------------------|
| <input type="radio"/> Peanuts  | <input type="radio"/> Fish/shellfish | <input type="radio"/> Eggs |
| <input type="radio"/> Peanut or Nut Butter   | <input type="radio"/> Soy Products   | <input type="radio"/> Milk |
| <input type="radio"/> Peanut or Nut Oils Tree Nuts (walnuts, almonds, pecans etc.) |                                      |                            |

Please list any others: \_\_\_\_\_

How many times has your child had a reaction? ☐ Never ☐ Once ☐ More than once, please explain:

\_\_\_\_\_

When was the last reaction? \_\_\_\_\_

Are the allergic reactions: ☐ staying the same ☐ getting worse ☐ getting better

## **Triggers and Symptoms**

What has to happen for your child to react to the problem food(s)? (Check all that apply)

☐ Eating Foods    ☐ Touching Foods    ☐ Smelling Foods    ☐ Other, please explain

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What are the sign and symptoms of your child's allergic reaction? (Be specific)

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How quickly do the sign and symptoms appear after exposure to the allergen?

☐ Seconds    ☐ Minutes    ☐ Hours    ☐ Days

## **Treatment**

Has your child ever needed treatment at a clinic or hospital for an allergic reaction?

☐ No    ☐ Yes, please explain:

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Does your child understand how to avoid the food(s) that cause allergic reaction?    ☐ Yes    ☐ No

What treatment or medication has your healthcare provider recommended for use in an allergic reaction? \_\_\_\_\_

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Have you ever used the treatment?    ☐ Yes    ☐ No

If medication is to be available at school, have you brought the medication/treatment to school?  
☐ Yes    ☐ No

What do you want us to do at school to help your child avoid problem allergens? (Please be specific):

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I give consent to share with school staff that my child has a significant allergy:    ☐ Yes    ☐ No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Form **must** be signed by parent/guardian and healthcare provider by first day of new school year.