



Student Services Department

181 Encinal Avenue, Atherton, CA 94027

(650) 321-7140

Fax: (650) 292-2200

ALLERGY QUESTIONNAIRE

Date _____

Check Site: Heritage Oak Laurel Encinal Oak Knoll Hillview

Please print

Student: _____ DOB _____

Teacher: _____ Grade _____

School records indicate that your child has allergies. So that we can better understand the condition(s), please complete the questions listed below.

Please list all known allergies:

Allergy: _____ Reaction: _____ Last occurred? _____

Allergy: _____ Reaction: _____ Last occurred? _____

Allergy: _____ Reaction: _____ Last occurred? _____

Please use reverse side of this form if needed.

Were allergies diagnosed by a physician? Yes No

What type of medication, even on an as needed basis, is used, and how often?

1. _____ How often? _____

2. _____ How often? _____

Please use reverse side of this form if needed.

Does your child need medication at school? Yes No If yes, a *Medication Authorization Form* must be completed and returned to the school office with the medication. The Medication Authorization Form may be found on the district web site at www.district.mpcsd.org or in the school office.

Please return this completed form to the school office as soon as possible.

Parent Signature

Date

Print Name

Email: _____

Phone number: _____