

WANDELL SCHOOL

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Name of Student _____ Grade ____ Age ____

Identify your child's *SPECIFIC* allergen:

Please provide us with an *EXACT* history:

How long has this severe allergy been evident? _____

What symptoms occurred? _____

Where were they treated? _____

Did your child have *Epinephrine* administered? _____ *Benadryl*? _____

What was the date of their most recent allergic reaction? _____

How have you handled special events in the past (eg. Field trips, eating in restaurants, birthday parties, etc.)? _____

How responsible is your child in avoiding the allergen? _____

What problems, if any, is your child experiencing at present? _____

Has your child ever been tested for allergies? _____ Yes _____ No

Name of allergist and date of testing: _____

Signature of parent

Date

Thank you.