

# Trinity Christian Academy

## Food Allergy Interview Form

Student's Name \_\_\_\_\_

Grade/Teacher \_\_\_\_\_

Date of Birth \_\_\_\_\_

1. List all food(s) your child is allergic to: \_\_\_\_\_

2. Describe the type of reaction that *has occurred* or may occur if this food is ingested:

\_\_\_\_\_  
\_\_\_\_\_

3. Does your child understand what foods to avoid? \_\_\_\_\_

4. Has your child been prescribed an EPI Pen\*? \_\_\_\_\_

Have you ever used it? \_\_\_\_\_ Why? Describe the incident:

\_\_\_\_\_

Did he/she respond to the EPI Pen? \_\_\_\_\_ Describe any adverse reaction to the injection:

\_\_\_\_\_

5. Has your child been trained when and how to use the EPI Pen? \_\_\_\_\_

6. Do you use Benadryl for non-respiratory reactions? \_\_\_\_\_

NOTE: Parents are responsible to provide the school with Benadryl and dosing directions.

7. Does your child attend Extended Education? \_\_\_\_\_

8. Does your child participate in after school sports? \_\_\_\_\_

\*An EPI Pen must be submitted to Trinity Christian Academy in its original prescription container along with documentation received from the prescribing physician. All medication must be properly identified and will not be stored beyond its labeled expiration date. *Students may carry an EPI Pen with written physician authorization. It is recommended to have a second EPI pen available in the school clinic.*

### CONSENT TO SHARE INFORMATION:

The school clinic has permission to share information provided in this report with appropriate members of the education team for use in meeting the health and educational needs of the student. This will be done only on a "need to know" basis, in a confidential manner.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_ Email: \_\_\_\_\_