

Child's Name:

FUN School Allergy and/or Medical Condition Survey

This survey is designed to obtain information concerning life-threatening allergies and/or medical conditions to share with FUN School.

Please answer all questions **YES** or **NO** and return the completed survey together with your Registration Form to FUN School.

1. Does your child have an anaphylaxis life threatening condition?

a) If yes, what is your child anaphylaxis to? Yes No

- _____
- _____
- _____

b) Does your child's life-threatening condition produce any of the following symptoms?

Difficulty breathing or swallowing Yes No

Fainting or collapse Yes No

Swelling of the tongue, lips or face Yes No

Other (specify) _____ Yes No

c) Have you been informed by your physician that your child requires an Epinephrine
d) Auto-Injector for Allergic Emergencies (Anaphylaxis)?

Yes No

2. Does your child have other allergies (Non-Anaphylaxis)?

Yes No

If yes, please list all non-anaphylaxis allergies:

- _____
- _____
- _____

******Note: An Anaphylaxis package must be completed one week prior to your child's date.******

As per our Anaphylaxis Policy No.3.0, "Children, who are no longer allergic or no longer require an Epinephrine Auto-Injector, must present a letter of explanation from their physician or allergist before their name can be removed from FUN School's allergy list".

FUN School
Allergy Survey for all Students Registering for the 2017 – 2018 School Year

3. Have you been informed by your physician that your child requires an Inhaler?

Yes No

If yes, why has an inhaler been prescribed? _____

- Will an Inhaler be left at FUN School? Yes No
or
➤ Will an Inhaler be given at home only? Yes No
➤ Is this considered a life threatening condition? Yes No

If yes to 'life threatening', Inhaler will be kept in the Teacher's classroom backpack
If no to 'life threatening', Inhaler will be kept in the school office

4. Does your child have any other medical conditions which may require medication that we need to be aware of (i.e. seizures, diabetes etc.)?

Yes No

- If yes, is this considered a life threatening condition? Yes No
➤ Please specify: _____

If you have answered yes to any of the life threatening conditions above, or medication is to be given at FUN School, please be aware that the following must be completed one week prior to your child's start date:

- Individual Emergency Anaphylaxis Action Plan, and / or
➤ Individual Medical Condition Action Plan, and
➤ Medication Authorization Form

I agree that this information is accurate and acknowledge that it will be shared with FUN School staff when deemed necessary.

I agree to update this information when any of my child's conditions change.

Print name: Parent/Guardian

Date

Signature: Parent/Guardian