

**FUN School**  
**Allergy Survey for all Students Registering for the 2018– 2019 School Year**

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**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.\*\*\*\***

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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".

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**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