



CHINO VALLEY
UNIFIED SCHOOL DISTRICT

13461 Ramona Avenue • Chino, CA 91710 • 909.628.1201 • www.chino.k12.ca.us
Student Achievement • Safe Schools • Positive School Climate • Humility • Civility • Service

BOARD OF EDUCATION: John Cervantes • Andrew Cruz • Jonathan E. Monroe • James Na • Sonja Shaw • SUPERINTENDENT: Norm Enfield, Ed.D.

Food Allergy Health History/Update

To the Parent/Guardian of _____ Grade _____
Home Room/Teacher _____ School _____

According to school records your child has a food allergy. The school needs the following information so that we can be ready to assist your child in case of a reaction to that/those food(s). Immediate care may be of an emergency nature.

1. My child is allergic to the following foods: _____
2. Type of reaction: ☐ Rash ☐ Swelling ☐ Trouble breathing ☐ Tightness of the throat
☐ Nausea/Vomiting ☐ Other _____
3. Was your child seen by a doctor or a hospital emergency room for this? ☐ Yes ☐ No
4. What treatment was given? ☐ Benadryl ☐ Steroid ☐ Epi-Pen ☐ Other _____
5. Has your child had allergy desensitization treatments (allergy shots)? ☐ Yes ☐ No
6. Does your child ride the bus? ☐ Yes ☐ No
7. Does your child participate in any after school activities? _____
8. Do you have medication(s) at home in case of a food reaction? ☐ Yes ☐ No
If yes, when was it last administered? _____

Date Began	Medication	Dosage	Route	Indications for use

Do you authorize the distribution of a letter to the classroom which describes your student's severe food allergy? ☐ Yes ☐ No

Print Parent/Guardian Name _____ Signature _____
Contact Phone Number _____ Date _____

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE

If your student requires medication at school, please see the Health Services website for the required forms.