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Non-Food Allergy Health History/Update

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

According to school records your child has a non-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: Dust Pollen Pet dander Latex Bee Ant
 Medication, please specify _____ Other _____
2. Approximate date of last reaction _____
3. Type of reaction: Rash Swelling Trouble breathing Tightness of the throat
 Nausea/Vomiting Other _____
4. Was your child seen by a doctor or a hospital emergency room for this? Yes No
5. What treatment was given? Benadryl Steroid Epi-Pen Other _____
6. Has your child had allergy desensitization treatments (allergy shots)? Yes No
7. Does your child ride the bus? Yes No
8. Does your child participate in any after school activities? _____
9. Do you have medication(s) at home in case of a reaction? Yes No
 If yes, when was it last administered? _____

Date Began	Medication	Dosage	Route	Indications for use

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.