

# Londonderry Learning Academy - Allergy Questionnaire

Dear Parents/Guardians:

The purpose of this questionnaire is to gather information about severe or life-threatening allergies that your child may be susceptible. This information must be on-file prior to the first day of your child starting school at Londonderry Learning Academy.

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Child's Name

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Date of Birth

1. Does your child have a life-threatening allergy? Yes / No
  
2. Does your child have allergies which may produce any of the following symptoms after being exposed to a particular material or food?
  - a. Difficulty breathing or swallowing  Yes  No
  - b. Fainting or collapse:  Yes  No
  - c. Swelling of the tongue, lips, or face  Yes  No
  - d. Other (please specify)  Yes  No
  
3. Have any of the symptoms in question 2 occurred after:
  - a. Eating a particular food  Yes  No
  - b. Getting bitten by an insect  Yes  No
  - c. Getting stung by an insect  Yes  No

If any of the answers to the above questions were "yes", please continue

4. Has your child ever been treated by a medical professional for an allergic reaction?  
 Yes  No
  
5. Has your child ever been tested for allergies?  Yes  No

If yes, please provide details of the tests and results.

6. Has a medical professional ever informed you that your child will require an emergency medical kit at school?  Yes  No

If yes, please provide details of the required contents of the medical kit.

7. Which foods or materials must your child avoid?
  
8. What is the name and telephone number of your child's physician?

I agree that this information will be shared with all Londonderry Learning Academy Staff, and other health care professionals if necessary.

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Parent or Guardian Signature

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Date