

Allergy/ Asthma  
2011-12

Please complete:

My Child \_\_\_\_\_

Is allergic to certain foods?      yes      no

Is allergic to certain medicines?      yes      no

if yes, which ones \_\_\_\_\_

I have met with their teacher to come up with an Allergy  
Action Plan.      yes      no

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Has Asthma?      yes      no

Has RAD??      yes      no

If yes, I have met with their teacher to come up with an  
Asthma Action Plan.      yes      no

My child uses an inhaler?      yes      no

My child uses a nebulizer?      yes      no