



Pearland Independent School District

Student Allergy History Questionnaire

Student's Name: _____ School _____ Grade: _____

Allergic to: _____

How and when did you first become aware of your students allergy? _____

When was the last time your child had a reaction? _____

Please describe the signs and symptoms of your student's reaction. _____

What medical treatment was provided and by whom? _____

Please provide any additional information you would like us to have in the event your student has an allergic reaction at school: _____

Parent/Guardian Signature: _____ Print Name: _____