



## FOOD ALLERGY QUESTIONNAIRE

Child's Name \_\_\_\_\_ Color Group \_\_\_\_\_ Date \_\_\_\_\_

### I. Is your child allergic to any foods if:

A. orally ingested as a raw ingredient? Yes \_\_\_\_\_ No \_\_\_\_\_

1. If yes, please specify \_\_\_\_\_

2. Reaction \_\_\_\_\_

3. May your child have any of these foods during parties/special events at school? Yes \_\_\_\_\_ No \_\_\_\_\_

B. orally ingested as an ingredient in a baked good? Yes \_\_\_\_\_ No \_\_\_\_\_

1. If yes, please specify \_\_\_\_\_

2. Reaction \_\_\_\_\_

3. May your child have any of these foods during parties/special events at school? Yes \_\_\_\_\_ No \_\_\_\_\_

C. inhaled? Yes \_\_\_\_\_ No \_\_\_\_\_

1. If yes, please specify \_\_\_\_\_

2. Reaction \_\_\_\_\_

3. May your child be exposed to these foods during parties/special events at school? Yes \_\_\_\_\_ No \_\_\_\_\_

D. he/she has skin contact with? Yes \_\_\_\_\_ No \_\_\_\_\_

1. If yes, please specify \_\_\_\_\_

2. Reaction \_\_\_\_\_

3. May your child be exposed to these foods during parties/special events at school? Yes \_\_\_\_\_ No \_\_\_\_\_

II. What treats do you give your child? Please specify (brand names if possible) \_\_\_\_\_

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