

Life-Threatening Allergy Questionnaire

Complete this form only if your child has a life-threatening allergy and is entering grades:
Pre-K, Kindergarten - 4

Student's Name: _____ For School Year: _____

Date of Birth: _____ My Child will be in the following grade during the School Year indicated above: ____

1. List only life-threatening allergens (food and non-food):

2. Does your child have a prescribed epinephrine auto-injector? Yes* No

**A health care provider completed Montgomery Township School District Emergency Allergy Action Plan (EAAP) is required if your child has a life-threatening allergy indicating the use of epinephrine in school. This EAAP and other forms can be obtained through your child's school nurse. Forms must be renewed every school year.*

3. Will your child carry an epinephrine auto-injector in their backpack in addition to the one kept in the health office? Yes* No *Refer to the 'Capacity for self-administration of epinephrine' section on the EAAP for an explanation of carrying options. *Your child's health care provider must check either the 1st or 2nd option for authorization to carry. Please note, if your child carries a set of epinephrine auto-injectors in their backpack, you must also provide another set to keep in the health office for emergency use during the school day.*

4. Regarding lunch, check only one option (questions 4 & 5 applicable only for grades 1-4)

My child may purchase school-prepared lunch. *Parents should review the Chartwells menu in advance of a student's purchase. Refer to the OHES or VES websites under "Lunch Menu" selection for more information. School and cafeteria staff will not make any determination of food safety as related to life-threatening allergies. Food allergen questions should be directed to Ms. Pat Kurczewski, Director of Dining Services, at 609-466-7602 ext 6510, or via email at chartwells@mtsd.us*

My child is not allowed to purchase school-prepared lunch; I will provide daily lunch from home.

5. During lunch, my child must* sit at: (check only one)

No seating restriction Nut-free table Nut & liquid dairy-free table

*Students with a completed EAAP, current for the school year, are allowed to sit at the nut & dairy-free tables. The lunchroom aides are informed of students with life-threatening allergies & will monitor for compliance. *If 'No seating restriction' is checked, and your child has an EAAP, they may sit at one of the nut & dairy-free tables whenever desired. If you check one of the nut & liquid dairy-free tables, your child will be required to sit at that assigned table. Please contact your child's school nurse if you want to change your child's cafeteria seating during the year.*

6. Does your child have asthma? Yes No

a. If yes, will you provide an inhaler to keep at school? Yes* No

**As per: N.J.S.A. 18A:40-12.8, a health care provider completed NJ Asthma Treatment Plan is required if your child uses an inhaler during school, even if they are not diagnosed with asthma. See school nurse for this form.*

Parent/Guardian Signature: _____ **Date:** _____

The following to be completed by School Nurse:

IHP completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Epinephrine received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Genesis/Cafe note updated: <input type="checkbox"/> Yes <input type="checkbox"/> No
IHP signed by parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	EAAP received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation notified: <input type="checkbox"/> Yes <input type="checkbox"/> No

Notes _____