



ALLERGY SUPPORT GROUP
GREENVILLE COUNTY SCHOOLS
QUESTIONNAIRE

1. School your child will attend 09-10 school year _____.
2. Please provide your contact information in order to communicate changes in meeting time or place as well as electronic copies of minutes and agendas:
NAME _____
PHONE _____
E-MAIL ADDRESS _____
3. List your child's food allergens: _____
_____.
4. Has your child's food allergy diagnosis been confirmed by a physician?
Yes _____ or No _____.
5. How is the allergy manifested? (rash, hives, tongue swelling, difficulty breathing, vomiting, diarrhea, eosinophilic esophagitis, etc)? _____

_____.
6. Does your child have an EpiPen? Yes _____ or No _____.
7. Does your child have a written allergy management plan? Yes _____ or No _____.
8. Is your child able to tolerate any form of the food allergen (i.e. cannot have liquid milk but can tolerate muffins containing milk)? Yes _____ or No _____.
9. Which of your child's food allergies are life threatening (if any)? _____
_____.



10. Please list allergy support groups you are a member of (online or in person): _____

11. How do food allergies affect your child's and your family's daily life? _____

12. Should the group suspend meetings over the summer? Yes _____ or No _____
13. Are you willing to volunteer to do more than just attend the meetings? Yes _____ or No _____. If yes, how can you be of service to the group? _____

14. Do you know of a speaker that we might contact to attend one of our meetings? Yes _____ or No _____. If yes, please list name and contact info _____



Please return form to your Foodservice Manager or fax to 864-355-9992.