

アレルギー疾患のある児童の実態調査用紙(小学校)

教育委員会提出用

提出日 年 月 日

学校名

※黄色の部分に記入して下さい。

I アレルギー疾患を持つ児童数

Table with columns for grade levels (1-6 years, total) and allergy types (asthma, dermatitis, rhinitis, conjunctivitis, food allergy, anaphylaxis, other). Total counts are 0 for all categories.

II 保護者面談について

Table with columns for grade levels (1-6 years, total) and number of interviews/medical reports. Total counts are 0 for all categories.

III 配慮の必要な児童数(複数回答あり)

Table with columns for allergy types (asthma, dermatitis, rhinitis, conjunctivitis, food allergy, anaphylaxis, other) and total counts. Total counts are 0 for all categories.

IV 学校給食対応児童数(複数回答なし)

Table with columns for exclusion of food, partial exclusion, and other. Total counts are 0 for all categories.

V 配慮の必要な項目別延べ児童数

Table with 13 columns for various support items (e.g., school meals, sports, extracurriculars) and total counts. Total counts are 0 for all categories.

VI 中学校共同調理場における給食対応必要数

Table with 2 columns: grade level (elementary 6th, middle 1st-3rd) and necessary number of children. All cells are empty.

※中学校共同調理場において給食対応が必要な児童(6年生)と除去等の概要を記入

Large empty box for entering details of children requiring dietary adjustments.