

FOOD ALLERGY INFORMATION

Date: _____

To the Parent(s)/Guardian(s) of: _____

You have indicated on the emergency procedure card that your child has a food allergy. In order for school personnel to respond to this quickly and effectively, additional information concerning this would be helpful.

Please answer the following:

1. Do you consider this food allergy to be life threatening to your child? Yes___ No___
2. Please circle the type of food allergy:
 - a. peanuts and peanut products
 - b. tree nuts: (fill in kind) _____
 - c. eggs
 - d. cow's milk products
 - e. soybeans and soy formula
 - f. wheat
 - g. fish
 - h. crustacean (shell fish)
 - i. corn
 - j. other _____
3. Please circle the letter(s) of only those symptoms which you have observed when your child has had an allergic food reaction:
 - a. itching or swelling of lips, tongue, or mouth
 - b. nasal congestion
 - c. runny nose, sneezing or sniffing
 - d. itching or sense of tightness in the throat
 - e. sore throat or throat clearing, "hacking" cough
 - f. hoarseness
 - g. nausea or vomiting
 - h. abdominal cramps or diarrhea
 - i. hives, itchy red skin/rash
 - j. swelling about the face or extremities
 - k. difficulty breathing, shortness of breath or wheezing
 - l. difficulty swallowing or choking
 - m. repetitive coughing
 - n. dizziness or fainting
 - o. shock (fall in blood pressure and increased thready pulse rate)
 - p. unconsciousness
 - q. other _____
4. When was the date of your child's last allergic food reaction? _____
5. How long after eating the allergic food did you child develop symptoms? (Please Circle)
 - a. Immediately
 - b. Within 15 - 20 minutes
 - c. Within an hour
 - d. Longer than one hour (specify time) _____
6. Has your child ever needed to receive an Epi-Pen? Yes___ No___
If so, why and when: _____
7. Has your child ever been hospitalized (emergency room) for food allergy reaction? Yes___ No___
8. Does your child know to avoid these food and their by-products? Yes___ No___
9. Do you expect your child to sit at the peanut/tree-nut free table? Yes___ No___

I understand and agree that by declining to have my child sit at a peanut/tree nut free table, no additional precautions will be taken in the cafeteria for other tables/areas to restrict peanut/tree nut products, and my child will be solely responsible for his/her management of exposure to the allergens.

10. Will medication be kept at school? Yes___ No___
If yes, please appropriately complete attached Medication Consent Form(s).

You will be notified in the event of any possible allergic reaction.
This information will be shared with those with a need to know.

Parent/Guardian Signature _____ (Date) _____

