
FOOD ALLERGY QUESTIONS

Date: _____
Student Name: _____

Dear Dr _____:

Please help us by answering these questions about this student under your care.

1. What allergies does the student have?

2. How severe is the student's allergy? Considered Life-Threatening?

3. Have you ever seen him/her with a reaction?

4. Has he/she had a reaction in relation to:
 - a. Skin Contact _____
 - b. Inhalation _____
 - c. Ingestion _____
 - d. _____
5. Can the student be in the same room with the food allergen?
 - a. In a small class/restricted space? _____Y _____N
 - b. In a large space like a cafeteria? _____Y _____N

*** Is a safe table necessary? _____Y _____N
6. Should we anticipate any problems if the food product were used elsewhere in the building, not in direct contact with the student? _____Y _____N
Baking with the product elsewhere in the building? _____Y _____N
7. What was the student's reaction when exposed?
 - a. Skin Symptoms
 - b. Gut Symptoms
 - c. Respiratory Symptoms
8. How long after exposure to allergen has student's reaction occurred in the past?

9. What should our treatment be?

10. If this student has inhalation reactions, would you anticipate the students' reaction to be delayed for inhalation (as compared to ingestion)?

11. What other suggestions do you have as far as caring for this student in the school environment?

MD Name _____ Phone _____

MD Signature _____

Thank you for your cooperation in helping keep our students safe at school!

School Nurse _____

School _____