

# 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) \_\_\_\_\_

