

## Food Allergy Assessment Form (attach more information as needed)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Do **you think** your child's food allergy may be **life-threatening**? No  Yes   
(If yes, a brief meeting with administration is required.)

Did your student's **health care provider tell you** the food allergy may be **life-threatening**?  No  Yes  
(If yes, a brief meeting with administration is required.)

### History and Current Status

Check the foods that have caused an allergic reaction:

- |  |   |                                  |
|--|---|----------------------------------|
| <input type="checkbox"/> a. Peanuts              | <input type="checkbox"/> d. Fish / shellfish                          | <input type="checkbox"/> g. Eggs |
| <input type="checkbox"/> b. Peanut or nut butter | <input type="checkbox"/> e. Soy products                              | <input type="checkbox"/> h. Milk |
| <input type="checkbox"/> c. Peanut or nut oils   | <input type="checkbox"/> f. Tree nuts (walnuts, almonds, pecans, etc) |                                  |

g. Please list any other food allergens: \_\_\_\_\_

#### **FOOD SPECIFIC REACTIONS - Food 1 (list a, b, c, d, etc):** \_\_\_\_\_

When was the last reaction? \_\_\_\_\_

What trigger happens for your student to react to the problem food? (Check all that apply):

\_\_\_\_ Eating foods    \_\_\_\_ Touching foods    \_\_\_\_ Smelling foods    \_\_\_\_ Other (please explain: \_\_\_\_\_)

What are the signs and symptoms of your student's allergic reaction? (Be specific; include things the student might say to describe how they feel): \_\_\_\_\_

How quickly to the signs and symptoms appear after exposure to the food?

\_\_\_\_ seconds    \_\_\_\_ minutes    \_\_\_\_ hours    \_\_\_\_ days

#### **FOOD SPECIFIC REACTIONS - Food 2 (list a, b, c, d, etc):** \_\_\_\_\_

When was the last reaction? \_\_\_\_\_

What trigger happens for your student to react to the problem food? (Check all that apply):

\_\_\_\_ Eating foods    \_\_\_\_ Touching foods    \_\_\_\_ Smelling foods    \_\_\_\_ Other (please explain: \_\_\_\_\_)

What are the signs and symptoms of your student's allergic reaction? (Be specific; include things the student might say to describe how they feel): \_\_\_\_\_

How quickly to the signs and symptoms appear after exposure to the food?

\_\_\_\_ seconds    \_\_\_\_ minutes    \_\_\_\_ hours    \_\_\_\_ days

**Asthmatic?**    No            Yes (higher risk for severe reaction)

**Meals & Snacks:** (for life-threatening allergies, we recommend all food be brought from home, including water bottles).

Does your student need to sit at an "Allergy-Free Zone" table while eating lunch?  No     Yes

Does your student need to only eat food provided from home?  No     Yes

It is recommended if your student plans to eat snacks provided by others in the classroom that a supply of alternative snacks, provided by the parent, is kept in the classroom.

**Medical Treatment Plan:**

Symptoms:	Check 1 <sup>st</sup> course of action	
	Epi Pen	Antihistamine
• If a food allergen has been ingested, but <i>no symptoms</i> :		
• Mouth: Itching, tingling, or swelling of lips, tongue, mouth		
• Skin: Hives, itchy rash, swelling of the face of extremities		
• Gut: Nausea, abdominal cramps, vomiting, diarrhea		
• Throat: Tightening of throat, hoarseness, hacking cough		
• Lung: Shortness of breath, repetitive coughing, wheezing		
• Other:		
• If reaction is progressing (several of the above areas affected, give:		

Please use the below space (attach pages as necessary, or a typed plan) for a step-by-step treatment plan, if we suspect an allergic reaction is taking place in your student.

**Parent Responsibilities:**

- Provide EpiPen and/or other prescribed medications by first day of school
- Inform Admin of any changes or allergic/anaphylactic episodes (\_\_\_\_\_@arrowsacademy.org).
- Provide lunch from home (not required, but safest option. Currently we use Chic-fil-a for Tuesdays and Little Caesars for Wednesday, in addition to fresh fruit, packages drinks, and Lays chips).
- Complete the Food Allergy Assessment Form