

# Owatonna Public Schools

## Food Allergy Care Plan

### Student Information

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade: \_\_\_\_\_ Homeroom Teacher or Class: \_\_\_\_\_

**Please list the type of food that causes an allergic reaction:** \_\_\_\_\_  
**Describe Condition** (for example, symptoms of onset): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Information

Parent or guardian name (s'): \_\_\_\_\_  
Mother: Telephone (H): \_\_\_\_\_ (W) \_\_\_\_\_  
Father: Telephone (H): \_\_\_\_\_ (W) \_\_\_\_\_  
Physician's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### In case of emergency, contact:

1. \_\_\_\_\_ Telephone: \_\_\_\_\_  
2. \_\_\_\_\_ Telephone: \_\_\_\_\_  
3. \_\_\_\_\_ Telephone: \_\_\_\_\_

### Emergency Plan

Extreme hypersensitivity to specific foods is a potentially life-threatening condition. Signs of a severe allergic reaction might include:

- Itching and swelling of the lips, tongue, or mouth; drooling or tingling
- Itching and/or a sense of tightness in the throat
- Hoarseness and/or hacking cough
- Hives, an itchy rash, and/or swelling about the face or extremities
- Shortness of breath
- Nausea, cramps, vomiting or diarrhea

**Please discuss with your physician the steps you would like the school to take for your child in the case of accidental ingestion of a food causing an allergic reaction. If, in the judgement of school personnel, a medical emergency exists, 911 will be called.**

**List the steps to be taken for an allergic reaction to a specific food;** steps might include giving prescribed medications, calling 911, or calling parents. If an Epi Pen is used, 911 will be called.

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**Please note**, if medication is to be given it must be accompanied by a physicians order and consent from the parents – see enclosed “Medication Request and Authorization” form.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Reviewed by health office: \_\_\_\_\_ Date: \_\_\_\_\_