



Kaufman ISD REQUEST FOR FOOD ALLERGY INFORMATION

Student Name: (Last)	(First)	(MI)	Date of Birth:	Grade:	Campus

Texas Education Code §25.0022 requires that school districts request that the parent or guardian disclose a child’s food allergies at the time of enrollment in public school. The District is required to maintain confidentiality regarding any food allergy information provided and may only disclose the information to teachers, counselors, nurses, and other appropriate school personnel within the limitations of the Family Educational Rights and Privacy Act.

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child’s safety. **“Severe food allergy” means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.**

In addition, if the child has severe food allergies, the parent must provide physician note to:

1. School Nurse
2. Kaufman ISD Nutrition and Food Service Department

Yes or No	My child, named above, has a food allergy or severe food allergy that, in my judgment, should be disclosed to the District to enable the District to take any necessary precautions regarding my child’s safety.
If yes, please list any foods that cause an allergic reaction that is severe enough to affect your child’s health and safety, as well as the nature of your child’s allergic reaction to the food:	
Food	Nature of Allergic Reaction to the Food
Yes or No	My child’s food allergy (ies) has (have) been diagnosed by a health care provider? If you answered YES , the “Food Allergy Action Plan” found on back of the form must be completed by physician and returned to school immediately.
Yes or No	My child has an EpiPen?

If your child’s physician recommends Benadryl or EpiPen, **YOU MUST MAKE SURE THOSE MEDICATIONS ARE IN THE NURSE’S OFFICE IN CASE OF EMERGENCY.**

Parent’s Guardian’s Name (please print)	Phone Number:	Phone Number:
Parent/Guardian Signature		Date:

Food Allergy Action Plan

Emergency Care Plan

Place
Student's
Picture
Here

Name: _____ D.O.B.: ____ / ____ / ____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

Extremely reactive to the following foods: _____

THEREFORE:

- If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
- If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

- LUNG: Short of breath, wheeze, repetitive cough
- HEART: Pale, blue, faint, weak pulse, dizzy, confused
- THROAT: Tight, hoarse, trouble breathing/swallowing
- MOUTH: Obstructive swelling (tongue and/or lips)
- SKIN: Many hives over body

Or combination of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
- GUT: Vomiting, diarrhea, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications: *
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

- MOUTH: Itchy mouth
- SKIN: A few hives around mouth/face, mild itch
- GUT: Mild nausea/discomfort



1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

Parent/Guardian Signature _____

Date _____

Physician/Healthcare Provider Signature _____

Date _____

TURN FORM OVER

Form provided courtesy of the Food Allergy & Anaphylaxis Network (www.foodallergy.org) 9/2011