ST. MARY'S COUNTY PUBLIC SCHOOLS

Department of Student Services/ St. Mary's County Health Department

FOOD ALLERGY INFORMATION

Student's Name: _____ Date of Birth: _____

Allergic to: _____

Diagnosed by Doctor: ☐ Yes ☐ No Doctor's Name: _____

Date of Last Allergic Reaction: _____

1. Do you consider the food allergy to be life threatening to your child? ☐ Yes ☐ No

   If Yes, a Food Allergy Emergency Action Plan may be needed at school.

2. Please list any daily or as needed medications your child takes.

Name of Medication	Dose	Frequency

If medication is needed at school, please have your doctor complete a Medication Authorization form.

3. Does your child have a prescribed EpiPen for emergency use? ☐ Yes ☐ No

4. Please check the type of food allergy:

☐ Peanuts and peanut products
☐ Tree Nuts: _____
☐ Eggs
☐ cow's milk products
☐ fish
☐ crustacean (shell fish)
☐ corn
☐ soybeans and soy formula
☐ wheat
☐ other

5. Please check only those symptoms which you have observed when your child has had an allergic food reaction:

☐ itching or swelling of lips, tongue, or mouth
☐ nasal congestion
☐ runny nose, sneezing, or sniffling
☐ itching or sense of tightness in the throat
☐ sore throat or throat clearing, "hacking" cough
☐ hoarseness
☐ nausea or vomiting
☐ abdominal cramps or diarrhea
☐ hives
☐ swelling about the face or extremities
☐ difficulty swallowing or choking
☐ difficulty breathing, shortness of breath or wheezing
☐ repetitive coughing
☐ dizziness or fainting
☐ Shock (fall in blood pressure and increased thready, pulse)
☐ unconsciousness
☐ other:

6. Progression of symptoms were: (Please check.)
   ☐ increasing and worsening rapidly
   ☐ early, mild symptoms with apparent resolution followed by rapid development of lung and/or heart symptoms
   ☐ other _____

7. How long after being exposed to the allergen did your child develop symptoms? (Please check.)
   ☐ immediately
   ☐ within 15 – 20 minutes
   ☐ within an hour
   ☐ longer than one hour (specify time) _____

8. Has your child ever been hospitalized (emergency room) for an allergic reaction?
   ☐ Yes ☐ No

9. Does your child know to avoid the allergen? ☐ Yes ☐ No

10. If your child has a nut allergy, do they need to sit at the nut-free table during lunch? ☐ Yes ☐ No

Parents'/Legal Guardians' Signature _____ Date _____