



PENN-DELCO SCHOOL DISTRICT

Food/Allergy Fact Sheet

Please complete this form, and return it with your registration packet. This information will be shared with appropriate school staff to help minimize and manage a food allergy attack at school. **If your child requires medication, please have your physician sign below.**

CHILD'S NAME: _____ GRADE: _____ HOME PHONE: _____

PARENT/GUARDIAN: _____ CELL PHONE: _____

HEALTH CARE PROVIDER: _____ PHONE: _____

PLEASE INDICATE IF YOUR CHILD HAS FOOD ALLERGIES BY CHECKING YES OR NO: YES _____ NO _____

IF YOU HAVE MARKED YES, PLEASE COMPLETE THE REST OF THIS FORM:

1. Briefly describe what causes your child's food allergy symptoms. My child is allergic to: _____
2. What sort of food allergy reaction has your child had in the past? _____
3. Has your child had allergy testing done by a physician specialist? _____
4. Has your child ever had an anaphylactic reaction? Yes _____ No _____
Please describe in detail _____
5. Is your child's reaction triggered by ingestion alone? Yes _____ No _____
6. Does your child have a reaction when the food in question is touched? Yes _____ No _____
7. Do you have a food allergy plan from your Doctor? If yes, please give a copy to your school nurse as soon as possible. Yes ___ No ___
8. If applicable, does your child know how to administer an epi-pen? Yes _____ No _____
9. Does your child understand their food allergy and know enough to avoid obvious sources of the allergen? Yes _____ No _____
Please explain. _____
10. Does your child know of products with likely hidden sources of the allergen? _____
11. Will your child, most likely, avoid eating foods not provided by home, or labeled with the offending allergen? _____

EMERGENCY MEDICATION PLAN:

NAME OF MEDICATION

DOSAGE

INSTRUCTIONS FOR USE

HEALTH CARE PROVIDER SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

Penn Delco School Nurses are experienced at identifying signs of anaphylaxis and fully understand the danger of hidden food allergen sources. Penn Delco School Nurses will follow your physician's orders regarding the medication protocol. In the event that epinephrine is administered, we will make every attempt to notify parents and the student will rapidly be transported via ambulance to the nearest hospital for further monitoring. To better help your child, please let the school nurse know of changes in your child's food allergy or medication schedules.