Food Allergies

Date:_____

*Please fill out this form and turn it in to your student's secretary. A new form must be completed every school year!
**A separate form must be filled out per food allergy- only one food allergy per form.

Student Name:_____ DOB:_____

School:_____ Teacher:_____

What food is your student allergic to? _____

Does your student have an Epipen for this food allergy? Yes: ☐ No: ☐

If yes, what kind/brand of Epipen does your student have? _____

Where is the Epipen located? (Please check all that apply.) Office: ☐ Student Backpack: ☐ Student Locker: ☐

Does your student take Benadryl for an allergic reaction to this food? Yes: ☐ No: ☐

(Please explain/provide specific instructions.)

Does your student take any other medications when having a reaction? Yes: ☐ No: ☐

(Please explain/provide specific instructions)

Does your student have a reaction if they touch the allergen (contact reactive)? Yes: ☐ No: ☐

(Please Explain)

Does your student only have a reaction if ingested? Yes: ☐ No: ☐

(Please Explain)

What are your student's allergic reaction symptoms? (Please check all that apply.)

LUNGS: (Breathing Problems) Wheezing: ☐ Shortness of Breath: ☐ Coughing: ☐ Difficulty Speaking: ☐
THROAT: (Upper Airway Problems) Hoarseness: ☐ Swallowing Difficulty: ☐ Breathing Difficulty: ☐
HEART: (Circulation Problems) Blue lips: ☐ Faint: ☐ Dizziness: ☐
GUT: (Intestinal Reactions) Vomiting: ☐ Cramping: ☐ Diarrhea: ☐
SKIN: Hives: ☐ Redness: ☐ Swollen Face: ☐
MOUTH: Swelling of lips: ☐ Swelling of tongue: ☐ Metal Taste: ☐
BRAIN: (Mental Changes) Feeling of Impending Doom: ☐ Anxiety: ☐ Confusion: ☐
Other Symptoms: _____ ☐

Have you filled out the form: _____ for your student for this school year and given a copy to the office?
Yes: ☐ No: ☐ (*If you have not, please obtain the form, fill it out, and turn it in!)

Do you have a Care Plan or Action Plan from your student's Doctor? (Please attach a copy if so!) Yes: ☐ No: ☐

Additional Comments: _____
_____
_____

_____
_____
_____
_____

Parent/Guardian Name (printed): _____

Signature:_____