

### FOOD ALLERGY/FOOD INTOLERANCE INFORMATION AND TREATMENT FORM

Food allergy or food intolerance has been noted to be a concern for your child. Please provide additional information regarding your child's reaction(s) to this food so that the school staff can follow the safest measures should an allergic reaction occur at the school.

Student: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_

Food(s) allergic to: \_\_\_\_\_

Food intolerance(s): \_\_\_\_\_

My child's reaction to this/these foods include (check all that apply):

- Nausea, stomach upset, indigestion
- Abdominal discomfort, cramping, diarrhea
- Facial swelling, itching, welts or hives, generalized body flush
- Swelling of lips, nose tongue or throat, hoarseness, breathing and/or swallowing difficulty
- Other \_\_\_\_\_

The symptoms above occur (check all that apply):

- Almost immediately
- Within a few minutes
- Within 30 minutes to 2 hours
- Other \_\_\_\_\_

My child has been seen by a doctor for his/her allergy:  yes  no

Treatment my child received for his/her last allergic reaction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If my child comes in contact with the food he/she is allergic to while at school, the following treatment should be given (Check all that apply):

- Call parent/guardian to send home if experiences abdominal cramping/diarrhea
- Give over-the-counter medication (not prescription) as follows\*:  
Name of Medication: \_\_\_\_\_  
Amount/dosage: \_\_\_\_\_
- Child must have Epi pen or ANA kit\*
  - Immediately
  - If symptoms occur. Describe symptoms: \_\_\_\_\_

*Note: If Epi pen or ANA kit is administered, 911 will be called.*

**Medication must be sent to school with a completed Medication Authorization Form. All medications to be given require a doctor's signature.**

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_