Food Allergy Assessment Form

Student Name_____ Date of Birth _____Date _____

Parent/Guardian _____Phone _____Cell/Work_____

Health Care Provider (name) treating food allergy _____Phone_____

Did your student's **health care provider tell you** the food allergy may be **life threatening?** ☐ **YES** ☐ **NO**

History and Current Status

Check the foods that have caused an allergic reaction:

☐ Peanuts ☐ Peanut or nut butter ☐ Peanut or nut oils ☐ Fish/Shellfish

☐ Soy Products ☐ Milk ☐ Tree nuts (walnuts, almonds, pecans, etc.)

Please list any others

How many times has your student had a reaction: ☐ Never ☐ Once
More than once, explain:

When was the last reaction?

Are the food allergy reactions: ☐ Staying the same ☐ Getting worse ☐ Getting better

Triggers and Symptoms

What has to happen for your student to react to the problem food(s)? ***(Check all that apply)***

☐ Eating foods ☐ Touching foods ☐ Smelling foods

Other, please explain:

How quickly do the signs and symptoms appear after exposure to the food(s)?

_____ Seconds _____ Minutes _____ Hours _____ Days

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Treatment

Has your student ever needed treatment at a clinic or the hospital for an allergic reaction?

☐ No
☐ Yes, explain

Does your student understand how to avoid foods that cause allergic reactions? ☐ Yes ☐ No

What treatment or medication has your health care provider recommended for use in an allergic reaction?

Have you used the treatment? ☐ Yes ☐ No

Does your student know how to use the treatment? ☐ Yes ☐ No

Please describe any side effects or problems your child had in using the suggested treatment.

At St. Nicholas School, we frequently have celebrations that include food/treats. To prevent anyone from feeling left out, please feel free to bring a supply of allergen free treats for your child's teacher to distribute when appropriate.

I give consent to St. Nicholas School to display my child's Medical Action Plan and Emergency Medication on campus where it is visible to the general public. ☐ Yes ☐ No

Parent/Guardian Signature _____Date _____

Reviewed by R.N. _____Date _____

Adapted with permission from ESD 171 SNC Guidelines for Anaphylaxis (March 2009)