SPOKANE
INTERNATIONAL ACADEMY

SIA HEALTH SERVICES
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FOOD ALLERGY INFORMATION

Student's Name ____Birthdate____________________________

School___________________________________Grade____________School Year ________________

According to our records your student has a food allergy. The following information is helpful to the nurse and school staff in determining any special needs for your child. If you desire a conference with the school nurse, please call for an appointment.

School Nurse ____________________________________ Phone_______________________

Please list all foods your child is allergic to and indicate the specific reactions observed for each allergen:

Food (allergen):	**Food (allergen):**	**Food (allergen):**
Mild Reaction:	**Mild Reaction**:	**Mild Reaction**:
☐ Rash	☐ Rash	☐ Rash
☐ Itching	☐ Itching	☐ Itching
☐ Hives	☐ Hives	☐ Hives
Moderate Reaction:	**Moderate Reaction:**	**Moderate Reaction:**
☐ Breathing difficulty	☐ Breathing difficulty	☐ Breathing difficulty
☐ Wheezing	☐ Wheezing	☐ Wheezing
☐ Nausea / vomiting	☐ Nausea / vomiting	☐ Nausea / vomiting
Severe Reaction:	**Severe Reaction:**	**Severe Reaction:**
☐ Severe breathing difficulty	☐ Severe breathing difficulty	☐ Severe breathing difficulty
☐ Change in voice quality	☐ Change in voice quality	☐ Change in voice quality
☐ Swelling and congestion of the nose, tongue, and throat	☐ Swelling and congestion of the nose, tongue, and throat	☐ Swelling and congestion of the nose, tongue, and throat
☐ Shock (pale, bluish, and clammy skin)	☐ Shock (pale, bluish, and clammy skin)	☐ Shock (pale, bluish, and clammy skin)
☐ Loss of consciousness / coma	☐ Loss of consciousness / coma	☐ Loss of consciousness / coma
☐ Cardiac arrest	☐ Cardiac arrest	☐ Cardiac arrest

What steps should be taken if your child has a reaction? ____

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1. Does your child need an EpiPen? ☐ Yes ☐ No If your child needs an EpiPen, please complete Form HS-634, Severe Allergic Reaction Health Care Plan.
2. Has your child been trained to self-administer the EpiPen? ☐ Yes ☐ No
3. While at school (including field trips and parties), food should be handled as follows:
   - ☐ Student can eat food without concern for allergy
   - ☐ Student cannot eat food if it is on the list of food allergies
   - ☐ Student cannot eat food if ingredients are unknown
   - ☐ Parents will supply foods, snacks, or beverages
   - ☐ Student is capable of determining which foods he/she can eat
   - ☐ Parents will determine which school foods the student may eat

   Note: If your child cannot eat items on the school menu, form HS 634 or a Diet Prescription for Meals at School form needs to be filled out by a physician to substitute foods that your child can safely eat.

Parent Signature ______________________________________Date ________________

School Nurse Signature _________________________________Date ________________

Please return this form to the school nurse.