

SIA HEALTH SERVICES

777 E Magnesium Rd. Spokane, WA 99208 - (509) 209-8730 - Fax (509) 321-9650

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: <input type="checkbox"/> Rash <input type="checkbox"/> Itching <input type="checkbox"/> Hives	Mild Reaction: <input type="checkbox"/> Rash <input type="checkbox"/> Itching <input type="checkbox"/> Hives	Mild Reaction: <input type="checkbox"/> Rash <input type="checkbox"/> Itching <input type="checkbox"/> Hives
Moderate Reaction: <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Wheezing <input type="checkbox"/> Nausea / vomiting	Moderate Reaction: <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Wheezing <input type="checkbox"/> Nausea / vomiting	Moderate Reaction: <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Wheezing <input type="checkbox"/> Nausea / vomiting
Severe Reaction: <input type="checkbox"/> Severe breathing difficulty <input type="checkbox"/> Change in voice quality <input type="checkbox"/> Swelling and congestion of the nose, tongue, and throat <input type="checkbox"/> Shock (pale, bluish, and clammy skin) <input type="checkbox"/> Loss of consciousness / coma <input type="checkbox"/> Cardiac arrest	Severe Reaction: <input type="checkbox"/> Severe breathing difficulty <input type="checkbox"/> Change in voice quality <input type="checkbox"/> Swelling and congestion of the nose, tongue, and throat <input type="checkbox"/> Shock (pale, bluish, and clammy skin) <input type="checkbox"/> Loss of consciousness / coma <input type="checkbox"/> Cardiac arrest	Severe Reaction: <input type="checkbox"/> Severe breathing difficulty <input type="checkbox"/> Change in voice quality <input type="checkbox"/> Swelling and congestion of the nose, tongue, and throat <input type="checkbox"/> Shock (pale, bluish, and clammy skin) <input type="checkbox"/> Loss of consciousness / coma <input type="checkbox"/> Cardiac arrest

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

 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.