



Food Allergy Assessment Form

Student Name: _____ Date of birth: _____

Parent/Guardian: _____ Phone #: _____

Health Care Provider Name: _____ Phone: _____

Do you think your child's food allergy may be life threatening? No Yes

(If yes, see School Nurse as soon as possible)

Did your child's health care provider tell you the food allergy may be life threatening? No Yes

(If yes, see School Nurse as soon as possible)

History and Current Status Check the foods that have caused an allergic reaction:

- Peanuts Fish/Shellfish Tree nuts (walnuts, pecans, almonds, etc.)
 Milk Soy products Others: _____

How many times has your child 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 child to have a reaction to the problem food?

- Eating foods Touching foods Smelling foods Other, please explain: _____

What are the signs and symptoms of your child's allergic reaction? (Please be specific, including things your child might say.)

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

- Seconds Minutes Hours Days

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? No Yes



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

Have you used the treatment? No Yes

Does your child know how to use the treatment? No Yes

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

If you intend for your child to eat school provided meals, have you had filled out a Dietary Prescription form? Yes No, I need to obtain the form, have it completed by our healthcare provider, and return it to school.

If medication is needed at school, have you filled out a Medical Authorization form with your healthcare provider? Yes No, I need to obtain the form, fill it out with my healthcare provider, and return it to school.

If medication is needed at school, have you brought the medication/treatment supplies to school?

Yes No, I need to get the medication/treatment supplies and bring to the school.

No, but I have a plan with the nurse to bring medication supplies prior to the first day of school.

What do you want us to do to help your child avoid problem foods at school? _____

I give consent to share with the classroom that my child has a life-threatening food allergy.

No Yes

Parent/Guardian Signature: _____ Date: _____

Reviewed by RN: _____ Date: _____