# Food Allergy/Intolerance Plan

Please complete this form for your child's food allergy/intolerance so staff can plan effectively for care at school.

**Student name:**_____ **Grade:**_____

**School:**_____ **School year:** _____

**Food Allergen/Intolerance: (Check all applicable)**

- ☐ Fruit /Vegetable Specify: _____
- ☐ Dairy Products Specify: _____
- ☐ Gluten Specify: _____
- ☐ Other Foods Specify: _____

**The food reaction happens when my child is exposed to:**

- ☐ Fresh foods
- ☐ Processed foods containing the food ingredient
- ☐ Cooked foods containing the food ingredient.
- ☐ Other - Describe: _____

| | | |
|---|---|---|
| My child can touch the food without a reaction. | ☐ YES | ☐ NO |
| My child can have limited amounts of listed foods at school. | ☐ YES | ☐ NO |
| My child can self-monitor the foods they eat. | ☐ YES | ☐ NO |

**Symptoms of child's food allergy/intolerance include:**

- ☐ Nausea
- ☐ Diarrhea
- ☐ Behavior changes – moody, irritable
- ☐ Other - Describe: _____
- ☐ Vomiting
- ☐ Cramping and/or abdominal pain.

**Onset of symptoms after ingestion:**

- ☐ Immediately
- ☐ Within 15 minutes
- ☐ Within one hour
- ☐ Up to two hours

## Food allergy/intolerance plan: (Check all applicable)

1. ☐ Call me if my child exhibits any symptoms listed above after eating the food allergen.
2. ☐ Observe my child for 30 minutes in the office.
3. ☐ Give medication to my child. Observe my child for an additional 20 minutes. Call if symptoms don't resolve.

**Medication Orders**

| Medicine | Dosage | Time/Frequency |
|---|---|---|
| | | |
| | | |

I give permission for school personnel to administer the above listed medications as ordered to my child for the duration of the current school year. I give permission to share this information with staff on a need to know basis.
***Signature(s) required for medication to be given at school.***

**Parent/Guardian Signature:**_____ **Phone#:**_____ **Date**_____

**Physician/Provider Signature:**_____

**Physician/Provider Phone#:**_____ **Date**_____

**Effective Date:** **From**_____ **To**_____

**8-28-18**