



# FOOD ALLERGY REFERENCE FORM

TO BE COMPLETED BY PHYSICIAN

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Teacher / Grade: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Previous reactions **CAUSED BY** (check all that apply):  **INGESTION**  **AIRBORNE EXPOSURE**  **SKIN CONTACT**

Previous **REACTION SYMPTOMS** included: \_\_\_\_\_

(Note each reaction can be different and all can progress to life threatening.)

- The student  is **NOT AT HIGH RISK**
- is at **HIGH RISK** for experiencing an **ANAPHYLACTIC/LIFE THREATENDING REACTION** due to:
- Previous anaphylactic reaction(s)
  - Asthmatic
- Other: \_\_\_\_\_

The student warrants **medications to be available** in the following locations at school (check those that apply):

- |                                   |                          |             |                          |               |
|-----------------------------------|--------------------------|-------------|--------------------------|---------------|
| <b>NURSE'S OFFICE</b>             | <input type="checkbox"/> | epinephrine | <input type="checkbox"/> | antihistamine |
| <b>CLASSROOM</b>                  | <input type="checkbox"/> | epinephrine | <input type="checkbox"/> | antihistamine |
| <b>CAFETERIA</b>                  | <input type="checkbox"/> | epinephrine | <input type="checkbox"/> | antihistamine |
| <b>SELF CARRY</b>                 | <input type="checkbox"/> | epinephrine | <input type="checkbox"/> | antihistamine |
| <b>ADVENTURE CLUB (CHILDCARE)</b> | <input type="checkbox"/> | epinephrine | <input type="checkbox"/> | antihistamine |
| <b>EXTRACURRICULAR</b>            | <input type="checkbox"/> | epinephrine | <input type="checkbox"/> | antihistamine |
| <b>BUS</b>                        | <input type="checkbox"/> | epinephrine | <input type="checkbox"/> | antihistamine |
| <b>CCL</b>                        | <input type="checkbox"/> | epinephrine | <input type="checkbox"/> | antihistamine |
| <b>OTHER</b>                      | _____                    |             |                          |               |

It is recommended that the student wear an **ALLERGY IDENTIFICATION BRACELET**  YES  NO

### CHILD CAN BE TRANSPORTED TO AND FROM SCHOOL BY BUS:

- Yes, accommodations unnecessary
- Yes, with the following accommodations to be met by parent/guardian:
  - Child is trusted to not eat on the bus
  - Child can identify a reaction and or potential problem (when allergen may be present)
  - Child is trusted to tell bus driver of possibility of a problem
  - Child has friend on the bus to assist is necessary
  - Child carries epinephrine with him or her
  - Child can self-administer
  - Child assigned seat near bus driver trained in allergic reactions and response
  - Epinephrine must be available during bus ride:
    - With driver
    - With student
    - Other: \_\_\_\_\_

Bus transportation not recommended (discussed with parents):  Yes  No

**LUNCH / SNACK ACCOMMODATIONS:**

**A. SEATING**

- No special accommodations
- Sit at an allergen control table (nut free, milk free etc.)
- Other: \_\_\_\_\_

**B. FOOD CHOICES**

- School breakfast/lunch program or food from home
- School breakfast/lunch program with accommodations
- No salad bar when allergen present
- Staff must check student's food selections for allergens listed:  
\_\_\_\_\_
- Lunch from home only
- Fast/restaurant/catered food only when verified with parent
  - OR** student can safely check foods
- Classroom snacks checked for allergy ingredients by teacher
- Classroom snacks provided/checked by parents only
- No classroom snacks

**TOPICS TO BE DISCUSSED BY PHYSICIAN AND PARENT**

**A. STRICT AVOIDANCE OF ALLERGENS**

- With student                       With parent(s)

**B. NEED FOR CLASSMATES TO BE AWARE OF FOOD ALLERGIES**

- With parent(s)

**C. FOOD LABEL READING**

- With student                       With parent(s)

**D. KISSING AND POTENTIAL REACTIONS**

- With student                       With parent(s)                       N/A at this time

**E. BULLYING AND NEED TO REPORT**

- With student                       With parent(s)

**OTHER ACCOMMODATIONS NEEDED / CONCERNS IDENTIFIED:** \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Physician Phone (required): \_\_\_\_\_