



# PEMBERTON TOWNSHIP SCHOOLS

## Food Allergy Questionnaire

The school needs to know the severity of your child's allergy. Please complete the following form every school year (as allergies can change over time) and return it to the school nurse.

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_ HR \_\_\_\_\_

Does your child have a diagnosis from a healthcare provider concerning this issue?  No  Yes  
Specify:  Food Allergy  Food Sensitivity Age of child at diagnosis: \_\_\_\_\_

### **History and Current Status - What is your child allergic to: (check all that apply)**

- |                                    |   |                                   |   |
|------------------------------------|---|-----------------------------------|---|
| <input type="checkbox"/> Peanuts   | <input type="checkbox"/> Wheat          | <input type="checkbox"/> Dairy    | <input type="checkbox"/> Other/specific info: _____ |
| <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Soy            | <input type="checkbox"/> Food Dye | _____   |
| <input type="checkbox"/> Eggs      | <input type="checkbox"/> Fish/shellfish | <input type="checkbox"/> Fruit    | _____   |

What type of exposure is necessary for an allergic reaction?  Ingestion  Contact  Inhalation  
Child's last reaction? \_\_\_\_\_ Symptoms: \_\_\_\_\_ How many times had a reaction? \_\_\_\_\_

### **Triggers and Symptoms - Allergic response is as follows:**

- Mild: may have rash, itching, stomachache: response is not life threatening.
- Moderate: hives, but no respiratory symptoms: not life threatening
- Severe: swelling of face, tongue, or throat, difficulty breathing, loss of consciousness, respiratory Arrest: this is a life-threatening response with requires medication, 911 call or emergency care

What are early signs and symptoms of your child's allergic reaction: \_\_\_\_\_

How does your child communicate his/her symptoms: \_\_\_\_\_

How quickly do symptoms appear after exposure to the food?  Immediately  Within 15 minutes

Within an hour  Other: \_\_\_\_\_

**Common Symptoms - Circle all that apply:** - **Skin** - hives, itching, rash, flushing, swelling (face, arms, hands, legs), **Mouth** - itching, swelling (lips, tongue, mouth), **Abdominal** - nausea, cramps, vomiting, diarrhea, **Throat** - itching, tightness, difficulty swallowing, hoarseness, cough, **Lungs** - shortness of breath, repetitive cough, wheezing, chest tightness, **Heart** - chest pain, loss of consciousness

### **Treatment: What is needed to treat the student's allergy?**

- No treatment is needed at school  Allergy medication given at home daily: specify \_\_\_\_\_
- Benadryl only  Epinephrine auto-injector (Epi-pen) only
- Epinephrine auto-injector (Epi-pen) and Benadryl  Other: \_\_\_\_\_

*Note: If medication is needed for your child's allergic reaction, the medication must be brought to school, along with a doctor's order and parent authorization every school year. Epi-pen orders must also include an anaphylaxis emergency care plan.*

How have past reactions been treated? \_\_\_\_\_ Was it effective?  No  Yes

Was there an emergency room visit?  No  Yes, explain \_\_\_\_\_

Has your healthcare provider given your child a prescription for medication?  No  Yes

Has your child ever had to use an epinephrine auto-injector (Epi-pen)?  No  Yes

**School Accommodations:**

Does your child need to:  avoid the food totally or  limit the amount?

If may have a limited amount - explain: \_\_\_\_\_

My child must avoid the following prepared foods and baked goods: \_\_\_\_\_

Snacks that my child **can** eat (be specific): \_\_\_\_\_

My child can eat at any table in the lunchroom with their class  No  Yes

My child needs to be assigned a seat in an allergy safe area in the cafeteria  No  Yes

I will send in appropriate pre-packaged snacks to my child's teacher to be used in class as needed and as a substitute for birthday treats  No  Yes

Many times parents bring in prepackaged cupcakes from Acme for their child's birthday. Is your child allowed to have Acme cupcakes?  No  Yes

**For Children with a Nut Allergy** -if the label states the item may contain nuts, produced in a facility that has nuts or possibly produced on the same equipment with nuts, the item will not be given to your child, unless we are told otherwise by you. If you know certain brand snacks are safe for your child, please list them above.

**For Children with an Egg Allergy:** May your child eat eggs in baked goods?  No  Yes

**For Children with a Dairy Allergy** - May your child eat:

- Any products containing milk?  No  Yes
- Baked goods containing milk?  No  Yes
- Circle the foods your child **can** eat:

**PIZZA    CHEESE    ICE CREAM    YOGURT    FOOD WITH MILK AS INGREDIENT**

**For Children with a Fruit Allergy:** May your child eat the cooked forms of the fruit?  No  Yes

**Self-Care:**

Is your child allowed to self-select food items and knows his/her restrictions?  No  Yes

Does your child:

- Know what foods to avoid  No  Yes
- Ask about food ingredients  No  Yes
- Tell an adult immediately after an exposure  No  Yes
- Firmly refuse a problem food  No  Yes
- Know to refuse to accept food from another child  No  Yes
- Know how to use emergency medication  No  Yes Have they ever used it?  No  Yes

Please add anything else you would like the school to know about your child's allergy: \_\_\_\_\_

Please note this information will be shared with the appropriate school staff.

Parent/Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

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

***Please sign below if your child no longer has a food allergy and does not require any medication in school.***

**\*\*My child has been desensitized, no longer has a food allergy, medication is not required at school. I will indemnify and hold the district and its employees harmless should any problems arise.**

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