



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 which 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: _____