

Food Allergy Information Sheet

History

Child's Name: _____ Grade: _____

Food Allergy (list): _____

Please describe the reaction (indicate inhalation/contact/ingestion, etc.): _____

Describe your child's most recent allergic reaction: _____

Has allergy testing been done, and foods confirmed (circle selection): YES NO

Describe the first signs of an allergic reaction for your child: _____

Treatment

If your child has been prescribed an Epi-pen or Benadryl, please get a medication order form from your physician for St. Joseph School-Fullerton. The order and medication must be brought into school during the first week and given to Nurse Mary. A new order is required **each** school year. Please consult with [Nurse Mary](#) to prepare for the school year and develop an allergy plan with your child's teacher.

It is **highly recommended** that you provide snacks for your child to remain in the classroom for special events (i.e., birthday parties, holiday parties, etc.) so your child will feel included. This also maintains a safe alternative for your child.

Ways to reduce an allergic event from occurring are:

- Review with your child what foods to avoid and to eat only what is in his/her lunchbox.
- Not to share foods or accept any food/candy from classmates.
- Provide a selection of **safe** snack alternatives to your child's teacher at the **beginning** of the school year for special events.
- Talk with Nurse Mary to develop an action plan.
- Parents will inform Nurse Mary of any changes in allergies or treatments and tell the teacher of any special accommodations your child needs during school hours.
- Be willing to accompany your child on field trips, depending on the severity of the allergy.

Parent Signature: _____ Date: _____