

# Lee's Summit R-7 School District Health Services

## Food Allergy Assessment Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### **History and Current Status**

Check the foods that your student has an allergy to:

- ☐ Dairy   ☐ Eggs   ☐ Fish   ☐ Peanut   ☐ Shellfish   ☐ Soy   ☐ Tree Nuts   ☐ Wheat  
☐ Other \_\_\_\_\_

If your student is allergic to **PEANUTS/NUTS**, are they allowed to have food that does not contain nuts but may have been processed in a plant with nuts?

- ☐ No   ☐ Yes

If your student is allergic to **PEANUTS/NUTS**, do they require access to a **PEANUT/NUT FREE** table in the cafeteria during lunch?

- ☐ No   ☐ Yes

How many times has your student had a reaction?

- ☐ Never   ☐ Once   ☐ More than once

Please explain: \_\_\_\_\_

When was the last reaction?

\_\_\_\_\_

### **Triggers and Symptoms**

What has to happen for your student to react to the problem food(s)?

Check all that apply:

- ☐ Eat the food   ☐ Touch the food   ☐ Smell/Inhale the food

☐ Other, please explain: \_\_\_\_\_

What are the signs and symptoms of your student's allergic reaction? *(Be specific; include things the student might say).* \_\_\_\_\_

\_\_\_\_\_

How quickly do the signs and symptoms appear after exposure to the food(s)?

\_\_\_\_\_

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### Treatment

Will your student have epinephrine at school?

☐ No ☐ Yes

Will your student have Benadryl/Zyrtec at school?

☐ No ☐ Yes

Has your student ever required epinephrine for an allergic reaction?

☐ No ☐ Yes

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your student understand how to avoid foods that cause allergic reactions?

☐ No ☐ Yes

If your student is in middle school or high school and elects to self-administer/self-carry epinephrine [click here](#) to download the *Self-Administration Procedure For Use Of Epi-Pen/Auvi-Q* form. Print the form, have it signed by your student's medical provider, and return it to the health room at your student's school.

If you plan to bring the medication/treatment supplies to school, please contact the health room to obtain the required permission forms. Please complete the forms, and return them to school along with the medication/treatment supplies. **\*District policy requires that all medications (both prescription and over-the-counter) be transported by an adult.**

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by RN: \_\_\_\_\_ Date: \_\_\_\_\_