Student Food Allergy Assessment Form

Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Student Name	Date of Birth	Date

Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Parent/Guardian	Phone/Cell	Work

Health care Provider (Name) treating food allergy: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Do you think your child's food allergy may be life threatening? ☐ NO ☐ Yes

(If YES, please see the school nurse as soon as possible.)

History and current status

Check the foods that have caused an allergic reaction:

☐ Peanuts ☐ Fish/Shellfish ☐ Hen eggs

☐ Peanut products ☐ Soy products ☐ Cow's milk

☐ Sesame ☐ Tree Nuts (walnuts, almonds, pecans, etc.) ☐ Wheat

Please list other:

Click or tap here to enter text.

How many times has your student had a reaction? ☐ Never ☐ Once ☐ More than once, explain:

Click or tap here to enter text.

When was the last reaction?

Click or tap here to enter text.

Are the food allergy reactions: ☐ staying the same ☐ getting worse ☐ getting better

Treatment

Has your student ever needed treatment at a clinic or the hospital for an allergic reaction?

What treatment or medication has your health care provider recommended for use in an allergic reaction?

Click or tap here to enter text.

Does your student understand how to avoid foods that cause allergic reactions? Self-administer?
☐ No ☐ Yes

Adopted with permission from ESD 117 SNC

Please describe any side effects or problems your child had in using the prescribed treatment:

Click or tap here to enter text.

If medication is to be available at school, have you filled out a medication form for school?

☐ Yes

☐ No, I need to get the form, have it completed by our health care provider, and return it to school.

If medication is needed at school, have you brought the medication/treatment supplies to school?
☐ Yes ☐ No, I need to get the medication/treatment and bring it to school.

How can we help your student manage their allergy at school?

Click or tap here to enter text.

Other

If you intend for your student to eat school provided meals, have you filled out a diet order form for school?

☐ Yes

☐ No, I need to get the form, have it completed by our health care provider, and return it to school.

Will your student ☐ buy lunch ☐ bring lunch from home ☐ both
Do you review the lunch menu if your student buys lunch? ☐ Yes ☐ No

Is your student involved in school sponsored after school activities/sports? ☐ No ☐ Yes
Please describe:

Click or tap here to enter text.

Click or tap here to enter text.

Is there anything else school staff should be aware of?

Click or tap here to enter text.

I give consent to share, with the classroom, that my child has a life-threatening food allergy.

☐ Yes
☐ No

Click or tap here to enter text.
Parent Signature

Click or tap to enter a date.
Date

Click or tap here to enter text.
Reviewed by RN

Click or tap to enter a date.
Date