



FOOD INTOLERANCE PARENT QUESTIONNAIRE

Please complete this form for your child's food intolerance so staff can plan effectively for your child's care while at school.

STUDENT: _____ GRADE: _____ SCHOOL: _____
SCHOOL YEAR: _____

If your child's food intolerance is resolved and is no longer a concern, check on the line, sign and return the form.

_____ My child's food intolerance is resolved.

PARENT SIGNATURE: _____ DATE: _____

FOOD ALLERGIES: Check all that apply. Name the specific food causing the reaction.

- Gluten
- Wheat
- Fruit Specifically: _____
- Dairy Products Specifically: _____
- Other Specifically: _____

My child has the reaction when he/she eats:

- Fresh or uncooked food allergen.
- Cooked or processed food allergen.
- Cooked, baked or processed foods containing the food allergen.

My child can have limited amounts of listed foods at school.

YES NO

My child can self-monitor the foods they eat.

YES NO

My child cannot have any of the listed foods.

YES NO

SYMPTOMS of child's food intolerance include:

- Nausea
- Cramping and/or abdominal pain
- Vomiting
- Diarrhea
- OTHER – DESCRIBE: _____

ONSET OF SYMPTOMS AFTER INGESTION:

- Immediately
- Within 15 minutes
- Within one hour
- Up to two hours

FOOD INTOLERANCE ACTION PLAN

Follow these steps if my child has a reaction at school. Check all boxes that apply.

- 1. Call me if my child has abdominal pain, cramping, nausea and vomiting or diarrhea after an exposure to the food.

- 2. Staff will: (Check all that apply)
 - Observe my child for 30 minutes in the office.
 - Give medication listed to my child. Observe my child for an additional 20 minutes.
 NAME OF MEDICATION: _____
 DOSE OF MEDICATION: _____

- 3. Call me if symptoms are not gone away after taking the medication.

- 4. I will bring a snack box for my child to use as a substitute for birthday treats. YES NO
(Elementary ONLY)

- 5. Lunch – Milk Break Accommodations:
 - Substitute juice for milk at the scheduled snack break and for lunch
 Additional charges for juice will apply.

 - My child can drink milk with his/her class at snack break and at noon.

PARENT PERMISSION

I verify that the above information is correct. I give my permission to share this information with staff on a need to know basis.

The information is **valid for ONE school year. Annual parent signature is required**

Parent/guardian signature: _____ Date: _____

Mother _____ Phone # _____

Father _____ Phone # _____

Emergency Contact _____ Relationship _____ Phone # _____