



SEVERE FOOD ALLERGY QUESTIONNAIRE

WISCONSIN RAPIDS PUBLIC SCHOOLS

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

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

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

_____ My child's anaphylactic food allergy is resolved.

PARENT SIGNATURE: _____ DATE: _____

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

- Tree Nuts Specifically: _____
Peanuts
Fish Specifically: _____
Fruit Specifically: _____
Dairy Products Specifically: _____

My child has the reaction when he/she eats:

- Eats a food or another food containing the food allergen.
Touches a surface contaminated with oils from the food allergen.
Breathes odors from the food allergen while the food is being cooked or processed.

SYMPTOMS of child's food allergy reaction/intolerance include:

- Nausea and vomiting
Cramping and/or abdominal pain
Facial swelling, itching, welts or hives
Swelling of the lips, nose, tongue or throat.
Respiratory changes difficulty breathing, wheezing or continuous coughing.
Inability to speak or swallow.
Flushed face
Drooling
Complains that the throat feels tight, scratchy, or different in some way.
OTHER - DESCRIBE: _____

ONSET OF SYMPTOMS AFTER INGESTION:

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

FOR PEANUT ALLERGY: Reading food labels all the time is important. If a label indicates the food item is made in a facility that also processes peanuts, my child may consume.

- Yes No

ANPHYLACTIC FOOD ALLERGY ACTION PLAN

Follow these steps if my child has a reaction at school. Check all boxes that apply to your child's care.

1. If my child has been exposed to the food allergen at school, staff will:

Give Benadryl

- Dose: _____
 Immediately after being exposed.

Give EPI-PEN to my child – CHECK one option

- Immediately after being exposed.
 When symptoms appear.

2. Staff will call 911 WHEN the EPI-PEN is given. EMT's will take your child to the nearest local hospital emergency room for more care.

3. I will bring a safe snack box for my child to use in the classroom and as a substitute for birthday treats.

- YES NO (Elementary ONLY)

4. Lunch Room Procedures:

- My child can eat at any table in the lunchroom with their class. My child is able to self-monitor the area for safety and make a choice of where to sit to prevent an exposure.
 My child needs to be assigned a seat at an allergy safe table in the cafeteria. I understand that the table surface will be disinfected before my child eats and after they are done with a disinfectant solution to remove residual oils.
 Other students will be allowed to sit with my child to eat IF the identified food allergen is not in their lunch for that day.

5. Transportation Plan: Medication available on bus Medication NOT available on bus Does not ride bus

6. Co-Curricular Plan:

- Student will manage Advisor/Supervisor will manage (additional supply will be necessary)

List of activities:

7. School Day Storage Plan (High School Only):

- Health Office Locker Self

Memo of Understanding

1. It is the mutual responsibility of the parent and teacher to review party or field trip menus.
2. It is understood that food servers are taught how to prevent cross contamination during food preparation and when serving food in the lunch line.
3. It is the responsibility of the parent to review the hot lunch menu with their child.
4. It is understood that students are not allowed to share snacks or eating utensils in class.
5. It is understood that teachers will not give your child a food without your approval at school.
6. It is understood that the parent will complete and sign this form annually.
7. It is understood that the parent will provide the emergency medications needed at school and sign the Parent/Physician Medication Consent Form.
8. It is the responsibility of the parent to notify the district nurse of changes in health plan.
9. It is the responsibility of the parent to notify the bus company.

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: _____