



## Helpful Information Concerning Your Child's Food or Food Additive Allergies

Dear Parents:

The following information will help the health office and your child's teacher understand your child's food allergies and what precautions and treatments should be followed. Please answer the questions below and call the school to make an appointment for consultation. Thank you for your co-operation and for taking the time to provide us with this information. An Individualized plan will be developed.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

1. What foods or food additives may cause a reaction?  
Nuts \_\_\_\_\_ Fish or sea food \_\_\_\_\_ Eggs \_\_\_\_\_  
Chocolate \_\_\_\_\_ Chicken \_\_\_\_\_ Dairy products \_\_\_\_\_  
Food additives(describe if known) \_\_\_\_\_  
Other(describe) \_\_\_\_\_
2. What type of reaction does your child have?  
Rash \_\_\_\_\_ Hives \_\_\_\_\_ Stomach distress(nausea or pain) \_\_\_\_\_  
Respiratory distress and shock \_\_\_\_\_
3. Does proximity of the food cause a reaction (a child sitting beside your child or a child in the same room eating the allergic causing food)? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Does your child require medication to counteract the reaction? Yes \_\_\_\_\_ No \_\_\_\_\_
5. If medication is required, what type?  
Antihistamine \_\_\_\_\_ Antacid or similar type \_\_\_\_\_  
Epinephrine Autoinjector \_\_\_\_\_  
Other \_\_\_\_\_
6. My child should sit at the following Food Allergy Table:  
Peanut Free \_\_\_\_\_ Tree Nut Free \_\_\_\_\_ All Nut Free \_\_\_\_\_ Dairy Free \_\_\_\_\_  
Egg Free \_\_\_\_\_ Other \_\_\_\_\_ (Please describe) \_\_\_\_\_  
**If No necessity to sit at food allergy table, please explain** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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7. During the school year, my child will:  
Bring own lunch to school daily \_\_\_\_\_ Buy lunch daily \_\_\_\_\_  
Bring lunch some days and buy lunch other days \_\_\_\_\_  
I will come into school to read food labels of daily lunch provided  
if my child is buying lunch

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

8. Other information that may be helpful in developing the food allergy plan:

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9. I will contact the Teacher and School Nurse if there are any changes in my child's food allergy status that will affect the food allergy plan.

10. I understand that if I do allow my child to sit at any table other than the designated food allergy table, I will take full responsibility if any reaction does occur and will not hold St. Augustine of Canterbury School or any employees or volunteers liable if any type of reaction should occur.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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