

SEVERE FOOD ALLERGY PARENT QUESTIONNAIRE

Student: _____ Grade/Teacher _____

Parent/Guardian Contact: (____) _____ Relationship to child: _____

Emergency Contact: _____ Cell: _____

Food Allergy: _____

Type of reaction: _____

Transportation: Bus # _____ Car Rider _____ Walker/Biker _____

Rainy Day: Bus # _____ Car Rider _____ Other _____

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| Yes | No | My child requires menu modification in the cafeteria. (You may wish to choose this option if your child buys their lunch and is allergic to foods that may be served in the cafeteria. A Doctor's order is required for food substitutions in the cafeteria. Note: Our cafeteria does not serve Peanuts/tree nuts but some items may be produced in a factory that also produces peanut/tree nut products. |
| Yes | No | My child must eat at a "Peanut / Nut" restricted lunch table. |
| Yes | No | My child has medication in the clinic in case of an allergic reaction. |

Your child WILL NOT be allowed to eat food brought to the school by other children or adults if he/she has a FOOD ALLERGY that requires medication. They will only be allowed to eat such items if you provide WRITTEN and SIGNED documentation to the teacher and nurse stating the specific items he/she is allowed to eat.

Your child's teacher will provide space in the classroom to store non-perishable treats ("safe snack") **provided by you** for birthdays or other "special" treat days when outside food is brought in.

Students are **NOT ALLOWED** to transport medication to or from school. A parent/guardian must bring any required medication (whether prescription or over-the-counter) to the school nurse in the original container and/or with the prescription label intact. After the medication permission has been signed by the parent, the nurse will be allowed to dispense it.

All severe allergies requiring an EPI-PEN to be kept at school MUST have an Action Plan SIGNED by the doctor before any medication will be accepted.

Parent/Guardian Signature

Printed Name

Date