MANISTEE CATHOLIC CENTRAL

Food Allergy Assessment Form

Student Name: ________________________________ Date of Birth: _______________
Date:___________
Parent/Guardian: __________________________
Phone:______________Cell/work:_______________ Health Care Provider (name) treating food allergy: _________________________Phone:____________
Do **you think** your child's food allergy may be **life-threatening**? ❑No ❑Yes (If YES, please hand in a written treatment explanation with this document).
Did your student's **health care provider tell you** the food allergy may be **life-threatening**? (If YES, please hand in a written treatment explanation with this document).

History and Current Status

Check the foods that have caused an allergic reaction:

❑·Fish/shellfish ❑·Eggs ❑Soy products ❑Milk ❑Tree nuts (walnuts, almonds, pecans, etc.)
❑·Peanuts
❑Peanut or nut butter
❑Peanut or nut oils
Please list any others:

____

How many times has your student had a reaction? ❑·Never ❑·Once ❑·More than once, explain: When was the last reaction? ____________________

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

Triggers and Symptoms

What has to happen for your student to react to the problem food(s)? *(Check all that apply)* ❑Eating foods❑Touching foods ❑Smelling foods ❑Other, please explain:

What are the signs and symptoms of your student's allergic reaction? *(Be specific; include things the student might say.)*

How quickly do the signs and symptoms appear after exposure to the food(s)? _____ Seconds _____Minutes _____ Hours _____Days

Treatment

Has your student ever needed treatment at a clinic or the hospital for an allergic reaction?
❑No ❑Yes, explain:

Does your student understand how to avoid foods that cause allergic reactions? ❑Yes ❑No
What treatment or medication has your health care provider recommended for use in an allergic reaction?

Have you used the treatment?❑No ❑Yes
Does your student know how to use the treatment? ❑No ❑·Yes
Please describe any side effects or problems your child had in using the suggested treatment: