



## FOOD ALLERGY QUESTIONNAIRE

Student's Name \_\_\_\_\_ Allergy to: \_\_\_\_\_

1. When does food allergy occur (If allergic to more than one food, please be specific for each individual food allergen.)

- Ingestion Food name: \_\_\_\_\_
- Touch Food name: \_\_\_\_\_
- Inhalation Food name: \_\_\_\_\_

2. Food which may be eaten in school (including lunch and snacks)

- must only be provided by me
  - may be given to my child by school staff only with my prior approval
  - the following foods may be given to my child by school staff without my specific approval\*
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- my child is able to independently choose which foods (s)he can eat or not eat

3. For severe allergies, would you like your child's classmates and their parents to be notified of your child's food allergy?

**If your child will need to have epinephrine and/or an antihistamine available to them in school, please:**

1. Send in a food allergy action plan.
2. Submit the medication in the original container from the pharmacy.
3. Complete the medication consent form listing any emergency medications and or over-the-counter medication. Please indicate if your daughter will self carry emergency medication. Both a parent/guardian and a licensed prescriber need to sign medication consent form.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_