Food Allergy Action Plan

This form is to gather information about your child's food allergies in order that an appropriate Food Allergy Action Plan can be developed for your child. If you have questions about this form or need assistance with it, please call your child's school.

This form must be accompanied by a doctor's or Nurse Practitioner's note indicating the specific medical diagnosis/allergy and any specific accommodations needed by your child due to the condition or allergy.

Child's Name:
DOB: / /
Parent/Guardian's Name:
Parent/Guardian's Phone: ()
Food Allergy or sensitivity (check all that apply)
Dairy
□ Soy
Eggs
Peanuts
Tree Nuts
Fish
Strawberries
Wheat (do not check this for celiac disease or gluten sensitivity, only wheat allergy)
Other, please list:
Food Intolerance
Gluten (celiac disease or non-celiac gluten sensitivity, includes wheat, barely, oats, rye)

- □ Lactose
- Other, please list:

Asthmatic:

- ☐ Yes
- □ No

Anaphylactic Risk:

- □ Yes
- □ No

Symptoms occur where:

- Mouth
- 🗌 Skin
- 🗌 Gut
- Throat
- Lung
- Heart
- □ Other
- □ If reaction is progressing, please indicate symptoms:

What are the child's usual symptoms?

Has the child ever been hospitalized as a result of an allergic reaction?

- 🗌 Yes
- 🗌 No

Is the child aware of their allergy, foods to avoid, and symptoms if ingested?

- 🗌 Yes
- 🗌 No

What treatment does the child usually require for an allergic reaction?

Dietary Needs (complete if applicable to your	· child or leave blank)
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Dairy allergy or intolerance needs:

- □ No dairy at all (baked, cooked, to drink, etc.)
 - Choose Options:
 - Oatmilk
 - □ Lactose-free milk (Lactaid)
- $\hfill\square$ Can consume dairy when baked or cooked in foods, but not to drink
- □ Cannot consume cheese stick
- \Box Can consume a cheese stick

If you have additional details, please provide them here:

Egg allergy or intolerance needs:

□ Cannot consume cooked, boiled, or baked into foods

Can consume cooked, boiled, or baked into foods

If you have additional details, please provide them here:

Soy allergy or intolerance needs:

- □ Cannot consume cooked or baked into foods
- □ Can consume when cooked, boiled, or baked into foods

If you have additional details, please provide them here:

Other allergy or intolerance not listed, please specify what can and what cannot be consumed:

1. What types of contact will cause a reaction?

- Airborne
- □ Trace Cross Contact
- □ Actual Ingestion of Food

Please explain:

2. Is there any other information you would like to share to help us meet the child's dietary needs?

Please email the food service office (kgagnon@mohonasen.org) if your child is going to participate in school breakfast or lunch, so we can accommodate your child's needs.