



**School Health Services  
FOOD ALLERGY MANAGEMENT PLAN**

Name \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

**ALLERGY INFORMATION**

**FOOD ALLERGY:**

Milk Egg Peanut Soy Wheat Tree nut Shellfish Fish Sesame Other: \_\_\_\_\_

**OUTDOOR ALLERGY:**

Bees Insect Bites Insect Stings Tree Pollen Plant Pollen Other: \_\_\_\_\_

**INDOOR ALLERGY:**

Pet or animal hair/fur Dust mites Mold Other: \_\_\_\_\_

**IRRITANTS:**

Cigarette smoke Smoke Perfume Motor vehicle exhaust Cleaning Supply Fumes Other: \_\_\_\_\_

**SYMPTOMS EXPERIENCED IN PREVIOUS REACTIONS**

- Skin rashes or hives (atopic dermatitis or eczema)       Sneezing, coughing, a runny nose or itchy eyes
- Difficulty breathing       Stomach upset (cramps/nausea)
- Swelling: Describe: \_\_\_\_\_
- Other: \_\_\_\_\_

**DATE OF LAST REACTION** \_\_\_\_\_

**EXPOSURE THAT TRIGGERS REACTION:**

- ingestion of \_\_\_\_\_
- breathing in fumes from cooking with \_\_\_\_\_
- touching surfaces with food residue \_\_\_\_\_
- being touched by food product or someone with food product residue \_\_\_\_\_
- smelling food residue on another person's breath \_\_\_\_\_
- being in the same room where food products \_\_\_\_\_ have been opened

**MEDICATIONS**

<b>Daily Allergy Medication</b> (typically given at home)	<b>Emergency/Rescue Allergy Medication</b>
<input type="checkbox"/> Antihistamines (Benadryl) <input type="checkbox"/> Corticosteroids	<input type="checkbox"/> Epinephrine auto-injector
<input type="checkbox"/> Fexofenadine (Allegra) <input type="checkbox"/> Cetirizine (Zyrtec)	<input type="checkbox"/> EpiPen <input type="checkbox"/> Auvi-Q <input type="checkbox"/> Adrena-click
<input type="checkbox"/> Other: _____	<b>REFER TO FOOD ALLERGY ACTION PLAN</b> (For directions for emergency actions)

**(PLEASE TURN OVER)**



Food Allergy Management Plan for \_\_\_\_\_

**DAILY MANAGEMENT PLAN**

*(Please check all that apply):*

- \_\_\_\_\_ 1. Parent will send snack with student. Student will be aware of limitations and will not trade snack with other students.
  
- \_\_\_\_\_ 2. A letter will be sent to classroom parents explaining that a child in the classroom has a severe food allergy, informing parents what this means, requesting their support, and understanding in considering snacks they send with their children that may contain the food allergy product:  
\_\_\_\_\_.
  
- \_\_\_\_\_ 3. A classroom presentation will be made to the students explaining food allergies and management.
  
- \_\_\_\_\_ 4. The teacher will inform parents of upcoming special events (parties, field trips, etc.)
  
- \_\_\_\_\_ 5. No food items containing \_\_\_\_\_ will be used for crafts/classroom activities.
  
- \_\_\_\_\_ 6. No \_\_\_\_\_ will be allowed in the classroom.  
(list food items)
  
- \_\_\_\_\_ 7. Student will eat lunch at these locations \_\_\_\_\_  
\_\_\_\_\_
  
- \_\_\_\_\_ 8. Epi-Pen will be available to student  
  
\_\_\_\_\_ via fanny pack with supervising adult (with second back-up dose in office)  
\_\_\_\_\_ in office
  
- \_\_\_\_\_ 9. Other Management Strategies \_\_\_\_\_  
\_\_\_\_\_
  
- \_\_\_\_\_ 10. Staff responsible for student supervision will be informed of the management plan, emergency plan and use of Epi-Pen. List of staff: \_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

School Representative \_\_\_\_\_ Date \_\_\_\_\_

Physician \_\_\_\_\_ Date \_\_\_\_\_