

BLUE SPRINGS R-IV SCHOOL DISTRICT  
Food Allergy Information Form

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ School Year: \_\_\_\_\_ Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**History and Current Status**

Did your child's **physician** inform you the food allergy may be **life-threatening**? \_\_\_\_\_ No \_\_\_\_\_ Yes

How was the food allergy diagnosed? \_\_\_\_\_

Please list the foods your child is allergic to: \_\_\_\_\_  
\_\_\_\_\_

How many times has your child had a reaction? \_\_\_\_\_ Never \_\_\_\_\_ Once \_\_\_\_\_ More than once,  
explain: \_\_\_\_\_

When was the last reaction? \_\_\_\_\_

Was an Epi-Pen or other injectable medication required? \_\_\_\_\_ No \_\_\_\_\_ Yes

Are the food allergy reactions: \_\_\_\_\_ staying the same \_\_\_\_\_ getting worse \_\_\_\_\_ getting better

**Triggers and Symptoms**

What type of exposure must occur for your child to react to the problem food(s)? *(Check all that apply)*  
\_\_\_\_\_ eating foods \_\_\_\_\_ touching foods \_\_\_\_\_ other, please explain: \_\_\_\_\_  
\_\_\_\_\_

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

**Treatment**

Has your child ever received treatment at a clinic or hospital for an allergic reaction? \_\_\_\_\_ No \_\_\_\_\_ Yes,  
explain: \_\_\_\_\_

Does your child understand how to avoid foods that cause allergic reactions? \_\_\_\_\_ No \_\_\_\_\_ Yes

What medication has your physician recommended to treat the signs and symptoms of an allergic reaction?  
\_\_\_\_\_ Antihistamine \_\_\_\_\_ Epi-Pen or other injectable medication \_\_\_\_\_ None

Which of the following medications has your child used to treat signs/symptoms of an allergic reaction?  
\_\_\_\_\_ Antihistamine \_\_\_\_\_ Epi-Pen or other injectable medication \_\_\_\_\_ None

Will you provide emergency medication for your child at school in case of an allergy exposure? \_\_\_\_\_ No \_\_\_\_\_ Yes

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_