AUBURN-WASHBURN USD #437 FOOD ALLERGY INFORMATION FORM

| Student N | ame: | Date of Birth: | Grade: | | |
|------------------------------|---|--|----------------------------|------|--|
| Parent/Gu | ardian: | Today's Date: | | | |
| Home Phone: | | Work: | Cell: | | |
| Primary Healthcare Provider: | | | Phone: | | |
| Allergist:_ | | | Phone: | | |
| | Does your child ha a. What is your ch Peanuts | | thcare provider:Yes | N | |
| | Eggs | Fish/Shellfish | | | |
| | | Chemicals | | | |
| | Milk Latex | Vapors | | | |
| _ | Soy | Tree Nuts (almonds, pecans, walnuts) | | | |
| | | your child diagnosed with an allergy?_ | | | |
| | | es has your student had a reaction? | | | |
| | d. Explain their pa | ast reaction(s) | | | |
| | e. When was the la | ast reaction? | | | |
| 1 | f. Symptoms: | | | | |
| 2. 3. | | v signs and symptoms that your student | | | |
| 3. 4. | Hog woungstudent | ctions been treated? | llangia magatian? | | |
| 4. 5. | · · · · · · · · · · · · · · · · · · · | | | | |
| 5. 6. | | require Epinephrine (EpiPen) in the evo | | | |
| 7. | | as your healthcare provider prescribed? | | | |
| 8. | | know what to avoid? | | | |
| 9. | | have asthma? | | | |
| | If your student has a food allergy, have you completed the Meal Substitution Form? | | | | |
| 11. | | ng else that you would like us to know | | | |
| 12. | | n is handled in a confidential manner. I | Oo we have your permission | n to | |