

## STUDENT FOOD ALLERGY PROFILE FOR:

- Date of birth: \_\_\_/\_\_\_/\_\_\_                       Today's date: \_\_\_/\_\_\_/\_\_\_  
 Profile completed by: \_\_\_\_\_

**Instructions for parent or guardian:** Please complete items below to the best of your ability. Thank you!

- Student's food allergies include (specify details when appropriate):
- |                                 |                                    |                                     |
|---------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Peanut | <input type="checkbox"/> Wheat     | <input type="checkbox"/> Shellfish: |
| <input type="checkbox"/> Milk   | <input type="checkbox"/> Soy       | <input type="checkbox"/> Fish:      |
| <input type="checkbox"/> Egg    | <input type="checkbox"/> Tree nut: | <input type="checkbox"/> Others:    |
- Student's allergy severity history:
- Does student have a history of a severe episode or ER visit due to food allergy?
    - Yes – most recent episode or ER visit was on \_\_\_/\_\_\_/\_\_\_
    - No
  - Does the student have a history of asthma (higher risk for a severe reaction)?
    - Yes – most recent episode was on \_\_\_/\_\_\_/\_\_\_
    - No
- Student's typical symptoms include (check and circle all that apply):
- Severe:
    - Mouth: swollen lips, tongue
    - Throat: strained voice, difficulty speaking or swallowing
    - Heart: dizziness, feeling faint, pale or turning blue, weak pulse
    - Lungs: cough, wheezing, short of breath, chest tightness
    - Gut: diarrhea, vomiting
    - Skin: diffuse redness or hives
    - Mind: confusion, sense of doom, anxiety
  - Mild:
    - Nose: itchy or runny nose, sneezing
    - Mouth: itchy or prickly mouth or tongue
    - Skin: mild itch or a few hives
    - Gut: mild nausea or discomfort
  - Others:
- Emergency contacts include:
- |  |   |
|--|---|
| <input type="checkbox"/> <b>Contact #1 Name:</b> | <input type="checkbox"/> Contact method #1: |
| <input type="checkbox"/> Relationship:           | <input type="checkbox"/> Contact method #2: |
| <br>   |   |
| <input type="checkbox"/> <b>Contact #2 Name:</b> | <input type="checkbox"/> Contact method #1: |
| <input type="checkbox"/> Relationship:           | <input type="checkbox"/> Contact method #2: |
| <br>   |   |
| <input type="checkbox"/> <b>Contact #3 Name:</b> | <input type="checkbox"/> Contact method #1: |
| <input type="checkbox"/> Relationship:           | <input type="checkbox"/> Contact method #2: |
| <br>   |   |
| <input type="checkbox"/> <b>Doctor's Name:</b>   | <input type="checkbox"/> Office number:     |

- Please bring copy of student's Emergency Care Plan (ECP) and any notes from physician.**
- Please bring medication list and supplies.**
  - Epinephrine injection brand \_\_\_\_\_ with a dose of \_\_\_\_ mg to be injected as directed by ECP. Expiration date: \_\_/\_\_/\_\_\_\_\_.
  - Benadryl (diphenhydramine) \_\_\_\_ mg to be given by mouth every \_\_\_\_ hours as needed for \_\_\_\_\_. Expiration date: \_\_/\_\_/\_\_\_\_\_.
  - Inhaler brand \_\_\_\_\_ via \_\_\_\_ puffs to be given every \_\_\_\_ hours as needed for coughing, wheezing or asthma attack. Expiration date: \_\_/\_\_/\_\_\_\_\_.
- Does student has permission to carry and use own medications including epinephrine in cases of an allergic reaction?
  - Yes  No

Section below is to be completed by educators.

- Student ECP has been reviewed:
  - Copy of ECP has been made for student file.
  - ECP sections relevant to student, including sections for extreme reactions if appropriate, have been highlighted for quick reference.
  - ECP has been reviewed with parents.
  - ECP is stored in safe and accessible location.
- Student's medication storage has been reviewed.
  - Storage location is:
- School's medical emergency kit with epinephrine location has been reviewed.
  - Storage location is:
- The following have been placed in file, if appropriate:
 

<input type="checkbox"/> Emergency Care Plan	<input type="checkbox"/> Medical authorization forms
<input type="checkbox"/> Special Dietary Needs Accommodation form	<input type="checkbox"/> 504 and IEP plans related to food allergy
- "Need to know" privacy policy has been explained and addressed.
  - Copies of food allergy profile have been given to the following personnel interacting with student:
 

<input type="checkbox"/> #1	<input type="checkbox"/> #3
<input type="checkbox"/> #2	<input type="checkbox"/> #4
- Do parents desire a snack alternative?
  - No  Yes. Describe:

Meeting with parent/guardian named \_\_\_\_\_ was completed on \_\_/\_\_/\_\_\_\_\_.