

Student Individual Health Care Plan
Food Allergy/Sensitivity Plan

Name: _____

Room/Teacher: _____

Food Sensitivities:

Non-Life-Threatening Food Allergies:

LIFE THREATENING FOOD ALLERGIES:

SAFETY PLAN:

Parents please discuss this section of your child's safety plan with your child's physician

- What emergency meds (ex. Epi pen, Auvi Q, Benadryl) are prescribed for your child?

- Does your child have a food allergy action plan developed by their physician?

- Will your child be permitted to purchase lunch at school or will you pack lunches and all food for your child? _____

- Do you want your child to wear an allergy/alert tag during lunch? _____
- Will your child be permitted to have snack at school as long as ingredients are monitored by teacher? Are there any special considerations your teacher should be aware of when checking labels? (*farm to school program snack on Tuesday and Thursday fruit or vegetable snack is offered*)

(If your child has severe, life threatening, or multiple food allergies; you are encouraged to pack their food at the start of the school year for the safety of your child.)

- Are there any special considerations to keep your child safe for class parties and field trips? (There are 3 classroom parties Rider Pride Day, Winter Holiday, and Valentines Day)

PEANUT ALLERGIES:

Do you wish to have your child sit at the Peanut Free Table? _____

Describe your child's ability to identify food allergen and monitor their diet _____

Describe the severity of your child's allergy, how you monitor your child's diet, and measures taken at home to protect your child.

EGG ALLERGIES:

Describe your child's ability to identify food allergen and monitor their diet

Describe the severity of your child's allergy, how you monitor their diet and measures taken at home. (ex. Avoids eggs in isolation, can have as ingredient or NO egg as ingredient watch all labels for egg as ingredient) Be as specific as possible.

MILK ALLERGIES:

Describe your child's ability to identify food allergen and monitor their diet

Describe the severity of your child's allergy, how you monitor their diet and measures taken at home. (ex. Avoids milk and dairy but as ingredient cooked in foods ok OR read all labels can NOT have milk as ingredient) Be as specific as possible.

LACTOSE INTOLERANCE:

Describe your child's ability to identify food allergen and monitor their diet.

Describe specifically what your child must avoid and what if any dairy products your child is permitted to have.

Parent Signature _____

Date _____

Nurse Signature _____

Date _____