

**Anaphylactic Allergy Form 2020/2021**

**\*\*This form only needs to be completed if your child has food or other anaphylactic allergies\*\***

Child's Name \_\_\_\_\_ Grade in School \_\_\_\_\_

Date form completed \_\_\_\_\_ Parent Signature \_\_\_\_\_

Please list all significant food allergies below:

Food Allergen	Your Child's Symptoms of Exposure to this Allergen

Which of the allergies listed above could produce anaphylaxis?

\_\_\_\_\_

Please list any non-food allergies that could produce anaphylaxis in your child.

\_\_\_\_\_

Please list rescue medications that you have provided to the school to use in the case of suspected anaphylaxis or serious allergic reaction.

\_\_\_\_\_

\_\_\_\_\_

Please use the space below to describe the Action Plan that should be followed if your child is exposed to any of the allergens listed as producing anaphylaxis. Please be specific and address each anaphylactic allergen separately. You may attach extra sheets as necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Over)

For any **non-anaphylactic** food allergy listed in the allergy box at the top of this form, please describe what action steps should be taken if your child is exposed. Please be specific about each allergy.

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**On occasion, special treats are brought into the classroom for sharing. Our policy requires that all items brought in to be shared have an ingredient list that is peanut and tree nut free. Despite our vigilance, we can never guarantee that items donated are free of contamination. Please make a choice below:**

\_\_\_\_\_ I prefer that my child **never** be served items that are brought in by other families for sharing even if the ingredient list is free of allergens. I will provide a box of snacks that can be stored for my child and provided when the rest of the class is having a donated treat.

**OR**

\_\_\_\_\_ My child is allowed to eat snacks brought in for sharing according to the following guidelines:

\*My child is allowed to eat treats that are pre-packaged by a manufacturer and have an ingredient list that is free of my child's allergens and do not have a warning statement about shared manufacturing equipment.

**Yes**

**No**

\*My child is allowed to eat items that were prepared in someone's home or a professional bakery and have an attached list of ingredients that is free of my child's allergens. Please note that it can never be fully guaranteed that there is not cross-contamination from other cooking/baking that has taken place in private kitchens.

**Yes**

**No**

**We welcome all parents of children with allergies to provide a small supply of treats for your child that can be stored and given to him/her if there is a snack being shared that is not appropriate for them.**

If leaving medication at school please fill out the slip below.

## Medication Permission Slips

Please Give \_\_\_\_\_  
(Name of Student)

\_\_\_\_\_ of \_\_\_\_\_  
(Amount to be given) (Name of Medication)

at \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_  
(Time)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)