Olin Elementary School Food Allergy Intake Form

Date_____

Student Information

- Full Name: _____Date of Birth:_____
- Grade: _____
- Parent/Guardian Name(s):
  _____
- Phone Number(s):
  _____

Medical Information

- Primary Physician Name:
  _____
- Physician Phone Number:
  _____

Allergy Details

Student is allergic to: ☐ Peanuts ☐ Tree nuts ☐ Egg ☐ Milk ☐ Fish ☐ Shellfish ☐ Soy

☐ Wheat ☐ Sesame ☐ Bee stings ☐ Latex ☐ Other_____

Does the allergic reaction occur when: ☐ ingested ☐ tactile ☐ airborne ☐ NA

Symptoms:

Skin: ☐ hives ☐ itching ☐ rash ☐ flushing ☐swelling

Mouth: ☐ itching ☐ swelling (lips or tongue)

Abdominal: ☐ nausea ☐ vomiting ☐ cramping ☐ diarrhea

Throat: ☐ itching ☐ tightness ☐ hoarseness

Lungs: ☐ shortness of breath ☐ repetitive cough ☐ wheezing

Heart: ☐ weak pulse ☐ loss of consciousness

Emergency Response Plan (Include Doctor Order)

- Has the student been prescribed an EpiPen or other auto-injector? ☐ Yes ☐ No
    - Has an EpiPen/ other auto-injector been given for a past allergic reaction? ☐ Yes ☐ No
      If yes, when? _____
    - Does the student know how to self-administer? ☐ Yes ☐ No
    - Preferred emergency action plan (check all that apply). Get EAP
      ☐ Administer EpiPen - Dosage _____
      ☐ Administer diphenhydramine - Dosage_____
      ☐ Call 911
      ☐ Notify parent/guardian immediately
      ☐ Other: _____

Dietary Restrictions and Accommodations

- Is the student allowed to consume foods processed in facilities that handle allergens?
  ☐ Yes ☐ No
- Do you want your child to sit at the allergy safe, “hot lunch only” table during meals? ☐
  Yes ☐ No
- Have you filled out a “Diet Modification Request” form and have had MD/PA/NP sign it? ☐
  Yes ☐ No
- Can the student participate in food-related classroom activities? ☐ Yes ☐ No
  If no, please explain: _____

Additional Notes Please include any other relevant information, such as behavioral signs of a reaction, or past incidents:

_____

_____

_____

_____

Authorization and Signature I authorize the school to take appropriate action in case of an allergic reaction and to share this information with relevant staff.

Parent/Guardian Signature:_____Date: _____