



Food Allergy Action Plan – Parent Questionnaire

Student: _____ Date of Birth: _____

Mother/Guardian: _____ Phone #1: _____ Phone #2: _____

Father/Guardian: _____ Phone #1: _____ Phone #2: _____

Allergy: _____

Food Allergy Accommodations

- Foods and alternative snacks will be approved or provided by parent/guardian.
- Parent/guardian should be notified of any planned parties as early as possible.
- Classroom projects should be reviewed by the teaching staff to avoid specified allergens.
- Student is responsible for making his/her own food decisions. ☐ Yes ☐ No
- When eating, request student eats in a specific area. ☐ Yes ☐ No
 - Where? _____
- No restrictions
- Other (specify) _____

Bus Concerns –Transportation should be alerted to student's allergy.

- This student carries Epi auto-injector on the bus? ☐ Yes ☐ No
- Epi auto-injector can be found in ☐ Backpack ☐ Waist pack ☐ On Person
Other (specify): _____
- Student will sit at front of the bus. ☐ Yes ☐ No
- Other (specify): _____

Field Trip Procedures – Epi auto-injector must accompany student during any off-campus activities.

- The student must remain with the teacher or parent/guardian during the entire field trip? ☐ Yes ☐ No
- Staff members on trip must be trained regarding Epi auto-injector use and this health care plan (plan must be taken).
- Other (specify): _____

ADDITIONAL EMERGENCY CONTACTS

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____

- I request this medication to be given as ordered by the licensed health professional (LHP) (i.e., doctor, nurse practitioner, PAC).
- I give health services staff permission to communicate with the LHP/medical office staff about this plan and medication.
- I understand that any medication will not necessarily be given by a school nurse but may be given by trained and supervised school staff.
- I release school staff from any liability in the administration of this medication at school.
- Medical/medication information may be shared with school staff working with my child and 911 staff if they are called.
- All medication supplied must come in its originally provided container with instructions as noted above by the LHP. Student is encouraged to wear a medical ID bracelet identifying the medical condition.
- I request and authorize my child to carry and/or self-administer their medication. ☐ Yes ☐ No
- Students who misuse or abuse medications may be subject to violating the Code of Conduct.

Parent/Guardian Print Name _____ Signature _____ Date _____

Device(s) if any: _____ Expiration date(s): _____

School Nurse Print Name _____ Signature _____ Date _____

A meeting will be scheduled with parent(s)/ guardian(s) and school staff.