



Forest Lake Area Schools Child Care Program
943 9th Ave SW, Forest Lake, MN 55025
(651) 982-8365

Food Allergy / Intolerance Assessment Form

Student Name: _____ Grade: _____ Date of Birth: _____

SAC Site: _____ Parent/Guardian: _____

Phone: (H) _____ (W) _____ (C) _____

Physician / Clinic: _____ Phone: _____

Hospital Preference:

If your child's food intolerance is resolved and is no longer a concern, check on the line, sign and return the form.

_____ **My child's food intolerance is resolved**

Parent Signature: _____ **Date:** _____

Has your child been diagnosed by a physician with having (explain): intolerance allergy No diagnosis

Food allergy/intolerance (check all that apply):

gluten

wheat

fruit, specify: _____

dairy products, specify: _____

other, specify: _____

Your child's reaction occurs when they eat

fresh or uncooked food allergen

cooked or processed food allergen

cooked, baked or processed foods containing the food allergen

List avoidance Techniques -

My child can have limited amounts of the food listed at SAC/Sonic	No	Yes
My child can self-monitor the foods they eat and avoid the foods listed	No	Yes
My child cannot have any of the listed foods	No	Yes
Will you be providing snacks for your child while at SAC/Sonic	No	Yes
Will you be providing lunches from home	No	Yes

(A dietary form MUST be completed and returned to food service)

What are the signs and symptoms your child experiences as a result of their allergy/intolerance (check all that apply):

nausea	cramping and/or abdominal pain
vomiting	diarrhea
other, describe:	

How quickly do the signs and symptoms appear after exposure to the food(s)?
 _____ seconds _____ minutes _____ hours _____ days

Does your child take any medication for their allergy/intolerance? No Yes

Will you be providing SAC/Sonic with the medications to treat your child in case of an exposure? (If you mark yes, all medication authorization forms and medication MUST be on site at SAC/Sonic prior to the start of the program)

- No
- Yes

(All medications that will be kept at SAC/Sonic and administered during SAC/Sonic hours will need a medication form or orders completed by the treating physician. All medication authorization forms must be signed and dated by a parent or guardian)

What actions do you want SAC/Sonic to take if your child is exposed and has a reaction?

Are there any other health concerns or comments? No Yes, explain:

Parent/Guardian signature: _____ Date: _____

All health forms are good for one calendar year from the date they are signed and date.

02/18/2020