



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

Severe Food Allergy Assessment Form  
(Potential Anaphylaxis Reaction)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SAC Site: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Physician / Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Has your child been diagnosed with an allergy by a health care provider?  No  Yes  
Has your child's health care provider told you your child's food allergy is life threatening (anaphylaxis reaction)?  No  Yes

Check the foods that have caused an allergic reaction:

- peanuts
- fish/shellfish
- eggs
- peanut or nut butter
- soy products
- milk/dairy
- peanut or nut oils
- tree nuts (walnuts, pecans, almonds, etc)
- other: \_\_\_\_\_

How old was your child when the allergy was first discovered? \_\_\_\_\_

How many times has your child had a reaction?  Never  Once  more than once, explain:  
\_\_\_\_\_

When was your child's last reaction? \_\_\_\_\_

Has your child ever been hospitalized because of their allergy?  No  Yes, when and explain:  
\_\_\_\_\_

Are the food allergy reactions:  staying the same  getting worse  getting better

What kind of exposure has to happen to trigger an allergic reaction? (check all that apply)

- eating foods (ingestion)  touching foods (contact)  smelling foods (inhalation)  other, explain:  
\_\_\_\_\_

What are the signs and symptoms that your child experiences when having an allergic reaction? (check all that apply)

Skin:  hives  itching  rash  flushing  swelling (face, arms, hands, legs)

Mouth:  itching  swelling (lips, tongue, mouth)

Abdominal:  nausea  cramps  vomiting  diarrhea

Throat:  itching  tightness  hoarseness  cough

Lungs:  shortness of breath  repetitive cough  wheezing

Heart:  weak pulse  loss of consciousness  pale  blue/gray discoloration  faint  dizzy  
 confused

Mood changes:  apprehension  anxiety  irritability

Other: \_\_\_\_\_  
\_\_\_\_\_

How quickly do the signs and symptoms appear after exposure to the food(s)?

\_\_\_\_\_ seconds \_\_\_\_\_ minutes \_\_\_\_\_ hours \_\_\_\_\_ days

Does your child understand how to avoid foods that cause an allergic reaction?  No  Yes

List avoidance techniques: \_\_\_\_\_

Does your child have any specific dietary restrictions?  No  Yes - **A dietary form MUST be completed and returned to food service.**

Will you be providing SAC/Sonic with the medications to treat your child's food allergy? (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)**

Do you feel it is necessary for your child to sit at a special table at lunch due to their allergy?

No  Yes, explain: \_\_\_\_\_

Are there any other health concerns?  No  Yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**If there is suspected exposure to an allergen (possible anaphylaxis reaction) 911 will be called immediately.**

02/14/2020