

Food Allergy Awareness Form

Senior name: _____ Date of birth: _____ Date: _____

Parent/Guardian: _____ Phone: _____ Cell/Work: _____

Health Care Provider treating food allergy: _____ Phone: _____

Do *you think* your senior's food allergy may be *life threatening*? NO YES

Did your senior's *Health Care Provider* tell you the food allergy may be (come) *life-threatening*? NO YES

History and Current Status:

Check the foods that have caused an allergic reaction:

- | | |
|---|---|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Milk or other dairy products |
| <input type="checkbox"/> Peanut or nut butter | <input type="checkbox"/> Soy products |
| <input type="checkbox"/> Peanut or nut oils | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Tree nuts (walnuts, almonds, pecans, etc.) | <input type="checkbox"/> Fish / shellfish |

Other allergies (Please list any other allergens.) _____

How many times has your senior had a reaction? Never Once More than once, please explain:

Does your senior understand how to avoid foods that cause allergic reactions? NO YES

What treatment or medication has your Health Care Provider recommended for use in an allergic reaction?

Have you used the treatment? NO YES

Does your senior know how to use the treatment? NO YES

Please describe any side effects or problems your senior had in using the suggested treatment:

Do you intend for your senior to eat parent party committee provided meals? NO YES

Will your senior be bringing medication / treatment to the party? NO YES

What do you want the parent planning committee to do at the party to help your senior avoid problem foods?

I give my consent to share with the chaperones, that my senior has a life-threatening food allergy.

NO YES

Parent / Guardian Signature: _____ Date: _____