

Food Allergy Assessment

Student _____

Date _____

Subjective:

What foods have caused a reaction for this student:

Will the student react when food:

- Eaten
- Touched
- Smelled
- In the same room with food

Signs and symptoms when reaction occurs (what are some things the student might say):

How quickly do the signs occur after exposure: ____ seconds ____minutes ____hours ____days

How many times has a reaction occurred:

When was the last reaction:

Describe the worst reaction:

Are the reactions: Staying the same Getting worse Not changing

Relating to this allergy, has the student ever needed: ER visit 911 call

What precautions does the student take to avoid a reaction:

What treatment has your health care provider recommended:

Has the treatment been used before yes no

If so, any side effects or problems with the treatment:

How should a reaction be handled at school:

Objective:

- EpiPen trainer demonstrated by student

Assessment:

- Risk of severe allergic reaction to _____
- Student capable of carrying medication responsibly when at school and on the bus.
- Student capable of self-administering medication.

Plan:

- Reviewed correct EpiPen use.
- Reviewed student role when has a food allergy reaction at school.

Medication authorization: on file with signatures of health care provider and parent

Dr. _____office requested to fax med authorization

Parent will call doctor’s office to request med authorization

Emergency Care Plan (ECP) developed and distributed to parent for signature, health room, bus supervisor, PE/Athletic Director and _____

Parent contact:

RN signature