



The Future Elite Academy
Food Allergy Assessment Form

Student Name: _____ Date of Birth: _____ Today's Date: _____
Parent/Guardian: _____ Phone: _____ Cell/Work: _____
Health Care Provider Name: _____ Phone: _____

Do you think your child's food allergy may be life-threatening? No Yes (If Yes, see School Director)

Did your student's health care provider tell you the food allergy may be life threatening?

- No
- Yes

History and Current Status

Check the foods that have caused an allergic reaction:

- Peanuts
- Peanut or nut butter
- Peanut or nut oils
- Tree nuts (walnuts, almonds, pecans, etc.)
- Fish/shellfish
- Soy products
- Eggs
- Milk

Please list any others:

How many times has your student had a reaction?

- Never
- Once
- More than once, explain:

When was the last reaction? _____

Are the food allergy reactions?

- staying the same
- getting worse
- getting better

Triggers and Symptoms

What has to happen for your student to react to the problem food(s)?

(Check all that apply)

- Eating food
- Touching foods
- Smelling Foods

Other, please explain: _____

What are the signs and symptoms of your student's allergic reaction? (Be specific; include things the student might say.)

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

___ Seconds ___ Minutes ___ Hours ___ Days

Treatment

Has your student ever needed treatment at a clinic or the hospital for an allergic reaction?

- No
- Yes

If yes, please explain:

Does your student 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 student know how to use the treatment?

- No
- Yes

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

If you intend for your child to eat school-provided meals, do they have any dietary restrictions?

- No
- Yes, Explain: _____

If medication is needed at school, have you brought the medication/treatment supplies to school?

- Yes
- No, I need to get the medication/treatment and bring it to school.

What do you want us to do at school to help your student avoid problem foods?

I give consent to share, with the staff of ***The Future Elite Academy***, that my child has a life-threatening food allergy.

Parent/Guardian Signature: _____ Date: _____

Reviewed by School Director: _____ Date: _____