

**GRAND PRAIRIE INDEPENDENT SCHOOL DISTRICT HEALTH SERVICES
FOOD ALLERGY INFORMATION**

Student's Name: _____ Teacher/Grade: _____

Student is Allergic to: _____

Symptoms seen with past allergic reaction(s): _____

Treatment of past allergic reaction(s):

- Benadryl
 EpiPen, EpiPen Jr., or Twinject
 None-observation only
 Other (please explain: _____)

Nature of allergic reaction:

- Ingestion of food** containing the allergen may cause an allergic reaction
 Physical contact (touching) with this allergen may cause an allergic reaction
 Airborne contact with the allergen may cause an allergic reaction

EATING LUNCH AT SCHOOL

List of food products that need to be avoided: _____

Student will:

- Bring lunch from home
 Eat cafeteria food
 Bring lunch or eat cafeteria food

If student eats cafeteria food will food choices need to be monitored?

- Yes, parent will review the menu and discuss food choices with the student
 No, student will make his/her own food choices

CAFETERIA MANAGER WILL BE NOTIFIED OF INDIVIDUAL FOOD ALLERGIES

CLASS PARTIES/SNACK TIME

What foods can be eaten during class parties or snack time?

- Student will bring his/her own food from home for parties or snack time
 Student can eat **only** store bought snacks with an ingredient label that can be checked by the teacher or nurse
 Student can eat home baked products such as cookies/cupcakes or bulk snacks without an ingredient label

CLASS PARTIES/SNACK TIME: PEANUT OR NUT ALLERGY

Can student eat store bought snacks with an ingredient label that says, "May contain peanuts" or "Made on equipment that also processes peanuts and nuts"?

- No
 Yes

Parent Signature: _____ Date: _____