

# FOOD ALLERGY FORM

<b>Name:</b>	<b>Date:</b>
<b>Email:</b>	<b>Phone:</b>

<b>Parent Contact</b>	<b>Emergency Contact</b>
<b>Name:</b>	<b>Name:</b>
<b>Email:</b>	<b>Relationship:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Alternate phone:</b>	<b>Alternate phone:</b>

## **FOOD ALLERGY (supporting medical documentation required for each food allergy)**

<b>Specific Allergens:</b>
<b>Reaction/Severity:</b>
<b>Do you carry a prescribed epi pen injector?</b>
<b>History of allergic reactions:</b>
<b>Specific foods/brands avoided:</b>

## **ACTION PLAN (To be completed by Dining Manger)**

<b>Food Allergy Team:</b>
<b>Point Person for Dining Questions:</b>
<b>Reasonable Accommodations Discussed with Student:</b>
<b>Self-Management:</b>