SPOKANE COLLEGES SCC | SFCC

Spokane Colleges Head Start & ECEAP
Food Allergy/Intolerance

Site/room _____ FSC _____

Child's name _____ Date of birth (mm/dd/yyyy) _____

Parent/guardian _____ Phone _____ Cell/work _____

Health Care Provider treating food allergy/intolerance/reaction _____ Phone _____

Do **you think** your child's food allergy may be **life-threatening**? ☐ No ☐ Yes

Did your child's **health care provider tell you** the food allergy may be **life-threatening**? ☐ No ☐ Yes
(If YES, an Individual Health Plan will need to be in place before your child attends school.)

CURRENT STATUS Check the foods that have caused a reaction:

- ☐ Fluid milk
- ☐ Milk cooked in foods
- ☐ Milk/cheese-based soup
- ☐ Cheese
- ☐ Cheese cooked in foods
- ☐ Yogurt
- ☐ Cottage cheese
- ☐ Cream cheese
- ☐ Margarine
- ☐ Trace amounts of milk in foods such as bread
- ☐ Mayonnaise
- ☐ Eggs, as is
- ☐ Pancakes (contains milk, egg and soy)
- ☐ French toast (contains milk, egg and soy)
- ☐ Waffles (contains milk, egg and soy)
- ☐ Muffins (contains milk, egg and soy)
- ☐ Eggs cooked in other foods.
  Please list _____
- ☐ Soy products including soy oil, hydrolyzed or textured vegetable protein (H or TVP), soy sauce, soybean flour, etc.
- ☐ Soy Cheese
- ☐ Soy Yogurt
- ☐ Wheat
- ☐ Gluten
- ☐ Peanuts
- ☐ Foods manufactured in a plant that processes peanut containing foods
- ☐ Peanut or nut oils
- ☐ Peanut or nut butter
- ☐ Tree nuts (walnuts, almonds, pecans, etc.)
- ☐ Fish/shellfish
- ☐ Sesame
- ☐ Citric acid
- ☐ Citrus fruits including oranges, canned Mandarin oranges and grapefruit
- ☐ Pineapple
- ☐ Berries including strawberries, blueberries, raspberries or blackberries
- ☐ Juices including orange, pineapple, apple or grape
- ☐ Tomatoes including sauce and ketchup

Please list any others _____

What do you use as a substitute for milk, cheese, or yogurt?

TRIGGERS, SYMPTOMS, AND ACTION PLAN

My child will have a reaction *(Check all that apply)*

☐ Eating foods ☐ Touching foods ☐ Smelling foods ☐ Other, please explain _____

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

_____ Seconds _____ Minutes _____ Hours _____ Days

What are the signs and symptoms of your child's reaction? _____

What should staff do? _____

Do you want staff to notify you? ☐ Immediately ☐ Upon pick up ☐ Other _____

Parent/guardian signature _____ Date _____

Original in child's file **Upload form into ChildPlus** **Copy to parent**

FOR STAFF USE ONLY ☐ Health Specialist notified ☐ IHP in place ☐ IHP needed