

NORTH SYRACUSE CENTRAL SCHOOL DISTRICT
FOOD ALLERGY AWARENESS INFORMATION

Student Name: _____ School: _____ D.O.B. _____

- No known food allergies (stop) Known food allergies (continue below)

What age was the student diagnosed with an allergy? _____

Specific Food Allergy(ies) _____

Pure food, list allergy(ies): _____

As an ingredient, list allergy(ies): _____

Reaction Signs: _____

Is medication required? _____

Is antihistamine in Nurse's Office? _____

Is Epinephrine (Epi-pen) in Nurse's Office? _____

Food Intolerance(s): _____

Pure food, list food intolerance(s): _____

As an ingredient, list specific ingredient(s): _____

Reaction Signs: _____

- If lactose intolerant is it:
- milk
 - yogurt
 - ice cream
 - cheese
 - all types of food or beverages that contain milk

Has the student been hospitalized as a result of an allergic reaction? Yes No

If student has a **peanut or tree-nut** allergy: can student eat anything manufactured in a plant that processes items with peanuts and tree-nuts? Yes No

A physician's note must be submitted to the school nurse, if you are reporting a food allergy/intolerance for the first time or there has been a change in your child's allergy/intolerance status. A physician's note can be faxed or submitted in person to appropriate school.

Please read the school's Student Food Allergies Policy (8101.2) which is located on the district website at www.nscsd.org.

Signature indicates agreement to allow the NSCSD to share information on this document with appropriate personnel.

Parent Signature _____ Date _____

To be filled out by Nurse: Physician note on file in student's health record.