

Severe Allergy Questionnaire

Urbandale School District--Elementary

Student Name _____ Grade _____

Type of Allergy:

Type of Reaction and Onset Time (Immediately, 15min, 1hr, etc)

My child has the reaction when he/she: (check all that apply)

- Eats this food in its pure form.
- Eats food containing the food allergen (baked or cooked in foods)
- Eats foods that have been manufactured in a factory with the food allergen. (Example: Fruit snacks that have been manufactured in a factory that also manufactures peanut products.)
- Touches a surface contaminated with residue from the food allergen.

Lunch Seating Arrangements:

- My child needs to sit at a peanut/nut free table
- My child does **NOT** need to sit at the separate peanut/nut free table

Safe Snack Supply:

- My child can decide whether a birthday/reward treat is safe for them to eat.
- I will provide a safe snack supply for my child to use in the classroom as a substitute for some/all classroom treats.
- My child can **ONLY** have foods from his/her own safe snack supply and should not have other snacks provided by teacher or classmates.

Desensitization

- My child has started desensitization with his/her provider.
- My child has completed desensitization with his/her provider.

Parent Signature _____ Date _____

Classroom Teacher received and understands plan. Copy included in sub folder.

Teacher Signature _____ Date _____