

**New London School District – Health Services**  
**FOOD ALLERGY Care Plan**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone # Work \_\_\_\_\_ Home # \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Family member/Friend, aware of child's condition. Name \_\_\_\_\_ Phone# \_\_\_\_\_

Asthmatic \* Yes  (\* =High risk for severe reaction) No

Food allergy: \_\_\_\_\_

Reaction: \_\_\_\_\_

**Child MUST sit at allergy free table:**  yes  no

**PLEASE CHECK ALL SIGNS OF AN ALLERGIC REACTION INCLUDE:**

**Systems:**

- Mouth
- Throat\*
- Skin
- Gut
- Lung\*
- Heart\*

**Symptoms:**

- itching & swelling of the lips, tongue, or mouth
- itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
- hives, itching rash, and/or swelling about the face or extremities
- nausea, abdominal cramps, vomiting, and/or diarrhea
- shortness of breath, repetitive coughing, and/or wheezing
- "thready" pulse, "passing-out"

The severity of symptoms can quickly change, \*All above symptoms can potentially progress to a life-threatening situation!

*Please tell us what you want us to do in case of an allergic reaction at school.*

***(Please check all that apply)***

- Observe and record side effects.
- Notify parent immediately.  Send note home.
- Administer medication - Name and dosage of medication:
- Allow to rest for \_\_\_\_\_ minutes.
- 911

Additional comments :

***If medication is needed, a supply must be kept at school for your child to participate in field trips/extracurricular activities.***

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date of review \_\_\_\_\_

Upon completing this form, please print the form and hand it in at registration OR save it and email the form to Susan Resch, RN, BSN at [sresch@newlondon.k12.wi.us](mailto:sresch@newlondon.k12.wi.us). If medication is needed for this concern, you must also fill out a medication consent form. Thank you.