

## Food Allergy Questionnaire

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### Food Allergies:

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Peanut   | <input type="checkbox"/> Wheat            |
| <input type="checkbox"/> Tree nut | <input type="checkbox"/> Fish             |
| <input type="checkbox"/> Milk     | <input type="checkbox"/> Shellfish        |
| <input type="checkbox"/> Egg      | <input type="checkbox"/> Fruit: _____     |
| <input type="checkbox"/> Soy      | <input type="checkbox"/> Vegetable: _____ |
| <input type="checkbox"/> Sesame   | <input type="checkbox"/> Other: _____     |

How would you like your child's allergy addressed in the classroom?

*(Elementary School - Letters will be sent home)*

- ☐ Allergen "Free" classroom (the allergen is not allowed in the classroom)
- ☐ Allergen "Aware" classroom (the allergen can be in the classroom, but your child cannot ingest it, surfaces will be sanitized after use)

Can your child eat snacks that are "processed" or "manufactured" at a facility that processes that specific allergen?

- ☐ Yes
- ☐ No

How would you like to have special occasion snacks handled for your child?

- ☐ Family provided ONLY
- ☐ Can have snacks that are properly labeled

Does your child need an Epinephrine auto-injector at school?

- ☐ Yes, I will provide own supply
- ☐ No
- ☐ Use Stock Epinephrine from school (Please note: These devices will not be sent on field trips).

What type of auto-injector does your child have? (i.e. EpiPen, Auvi-Q, etc.): \_\_\_\_\_

Is your child able to self carry their Epinephrine auto-injector device?

- ☐ Yes, my child will self carry their device
- ☐ No, I prefer to keep the device in the health office

For field trips:

- ☐ I will provide my own supply that will go on the field trips in their emergency action plan kit.
- ☐ Please notify me prior to the field trip so I can send our home supply for the field trip only.
- ☐ I will not send a device, please call 911 and follow the emergency action plan.

**\*Please note: If you have questions regarding hot lunch options, please contact Diane Agrell, Food Service Director at [agrelld@w-csd.org](mailto:agrelld@w-csd.org) or 920-582-5810 extension 1104.**

If you would like to schedule a meeting with the school nurse, please email [krausej@w-csd.org](mailto:krausej@w-csd.org) or call 920-582-0934.