



SCHOOL DISTRICT OF
MENOMONEE FALLS
Pursuing Excellence
One Student at a Time

SCHOOL DISTRICT OF MENOMONEE FALLS WISCONSIN

DISTRICT ADMINISTRATION OFFICE
W156N8480 PILGRIM RD
MENOMONEE FALLS, WI 53051
262.255.8440

FOOD ALLERGY CARE PLAN

SCHOOL YEAR: _____

Student Name: _____ School: _____

Date of Birth: _____ Gender: _____ Grade _____

Parents/Guardian's Name: _____

Mailing Address: _____

Home Phone: _____ Work Number: _____ Cell Number: _____

Physician: _____ Physician Number: _____ Fax: _____

Allergy to: _____

Asthmatic: Yes* or No (circle one) * Higher risk for severe reaction

Allergic reaction may occur by: _____ Ingestion _____ touch _____ Inhalation of particles

TREATMENT FOR ALLERGIC REACTION

Indications for interventions:

Action(s) to be taken:

	Antihistamine	EpiPen	Call Parents/Guardians	Call 911
Contact with food allergen, but no symptoms				
Hives, itchy rash				
Nausea, abdominal cramps, vomiting, diarrhea				
Itching, tingling or swelling of lips, tongue and/or mouth*				
Tightening of throat, hoarseness, cough*				
Shortness of breath, wheezing*				
Other				
*Potentially life threatening				

Medications

Antihistamine: _____
Name of Medication _____ Dose _____

Epinephrine: _____
Name of Medication _____ Dose _____

EpiPen location: _____ Health Room _____ Class Room _____ With Child at all times

Other _____

Emergency Calls

*911 will be called if Epinephrine is given. State that an allergic reaction has been given and additional epinephrine may be needed.

Other emergency contacts:

Name	Relationship	Home	Cell
1.			
2.			
3.			

PREVENTION

(Check and initial those that are to be included in child's care plan)

- _____ Lunch and snack sent from home
- _____ Student will be closely supervised by designated staff after lunch and snacks.
- _____ Allergen free table in the cafeteria. Table and seat will be wiped off prior to each time the student uses it.
- _____ Allergen free classroom
- _____ Informational letter including a list of acceptable foods for classmates' parents/guardians Date sent: _____
- _____ Educational session for classmates on allergies Date sent: _____
- _____ Parent or designated staff will accompany student on all field trips to closely supervise student.

STUDENT RESPONSIBILITY

- Will not trade food or eating utensils with others,
- Will not eat anything with unknown ingredients or that is known to contain any allergen,
- Will be proactive in the care and management of their food allergy and reactions based on his/her developmental level,
- Will notify a teacher/aide immediately if he/she eats something that they believe may contain the food to which they are allergic to or of any developing symptoms.

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This information/Care Plan may be shared with all appropriate staff, including the bus company if needed.

Parent/Guardian Signature _____
Date

Student Signature _____
Date

Physician Signature _____
Date

CARE PLAN REVIEWED WITH SCHOOL REPRESENTATIVE:

School Representative(s) Signature(s)	Date