



**PLAINFIELD COMMUNITY SCHOOL CORPORATION
FOOD SERVICE DEPARTMENT
STUDENT INFORMATION SHEET
School Year 2020-2021**



(FORM IS TO BE FILLED OUT BY PARENT)

Student Name: _____ DOB: _____

School: _____ Grade: _____ Teacher: _____

Describe the student's food allergy or intolerance: _____

Is there a history of an anaphylactic reaction? Yes No

Please describe: _____

Reaction caused by: Ingestion Contact Inhalation

When was your child last evaluated for the food allergy/intolerance? _____

Does your child recognize his/her allergic reaction? Yes No

Does your child know what to do if he/she is having an allergic reaction? Yes No

Is your child able to visually recognize the allergen in all its different forms (ex: peanut: peanut butter, peanuts etc.) or part of another food (ex. peanut butter cookie)? Yes No

Is your child able to read labels for the offending allergen? Yes No

Does your child know not to trade or take food from classmates and adults? Yes No

Does your child understand how safe food may become cross-contaminated with an allergen? Yes No

Will your child need to eat at an allergen free lunch table? Yes No

Will your child take medication regularly or on an "as needed" basis for this food allergy? Yes* No

Does your child need epinephrine? Yes No

Will your child carry their emergency medication at school? Yes* No Nurse's Clinic

Does your child have a medical alert bracelet? Yes No

Will your child be eating a school lunch? Yes No

If your child has an intolerance or allergy to milk/dairy/eggs, etc., please specify if it can be an ingredient in another dish, or if it needs to be avoided at all times. _____

Parent's Signature **Date** **Telephone #**

***Be sure to read the school handbook for the policy and procedures regarding medication.**