Food Allergy Action Plan

Place Child's Picture Here

ALLERGY TO: _____

Student's Name: _____ D.O.B: _____ Teacher: _____

Asthmatic Yes* ☐ No ☐ *High risk for severe reaction

◆ SIGNS OF AN ALLERGIC REACTION ◆

Systems:	Symptoms:
•MOUTH	itching & swelling of the lips, tongue, or mouth
•THROAT*	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
•SKIN	hives, itchy rash, and/or swelling about the face or extremities
•GUT	nausea, abdominal cramps, vomiting, and/or diarrhea
•LUNG*	shortness of breath, repetitive coughing, and/or wheezing
•HEART*	"thready" pulse, "passing-out"

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

◆ ACTION FOR MINOR REACTION ◆

1. If **only symptom(s)** are: _____, give _____
medication/dose/route

_____

Then call:

2. Mother _____, Father _____, or emergency contacts.
3. Dr. _____ at _____

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

◆ ACTION FOR MAJOR REACTION ◆

1. **If ingestion is suspected and/or symptom(s) are:** _____,

give _____ IMMEDIATELY!
medication/dose/route

Then call:

2. Rescue Squad (ask for advanced life support)
3. Mother _____, Father _____, or emergency contacts.
4. Dr. _____ at _____

DO NOT HESITATE TO CALL RESCUE SQUAD!

Parent's Signature _____ Date _____ Doctor's Signature _____ Date _____

Special Diet Statement by Medical Authority for a participant **without** a disability
Enrolled in the Child and Adult Care Food Program

This Special Diet Statement is for a participant without a disability who is medically certified as having a special dietary need. Requests for a special diet must be:

- Supported by a Special Diet Statement that is thoroughly completed and signed by a recognized medical authority (e.g. licensed physician, physician's assistant, certified nurse practitioner, or licensed dietitian)
- Submitted to the child/adult care center before any meal modifications will be made

Part 1. Participant Information – To be completed by parent/guardian

Participant's Name Last/First/Middle Initial _____ Date of Birth _____

Parent/Guardian Signature _____ Home Phone _____ Work Phone _____

Today's Date _____

Part 2: Participant Status - To be completed by Recognized Medical Authority

☐ **Food Intolerance:** Food(s) intolerant to:

_____

The Child and Adult Care Food Program requires a **nutritient equivalent** non-dairy milk substitute be provided to participant's with a non-disabling medical condition. Juice and Water are **NOT** nutritionally equivalent to cow's milk and **cannot be used as a substitute.**

☐ **Food Allergy:** Food(s) allergic to:

_____

_____

The participant's allergy to the food(s) stated above **does not** result in a life threatening reaction (anaphylactic). PLEASE NOTE: a food allergy is considered to be a disability when it falls within the following definition:

Definition of **handicapped person** from 7 CFR 15b.3:

(i) Handicapped person means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

k) Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Part 3. Dietary Accommodation - To be completed by the Recognized Medical Authority
List specific foods to be omitted and foods to be substituted - please print

Foods to be Omitted	Foods to be Substituted

Part 4. Signature of Recognized Medical Authority

Name/Credentials (Please Print) _____ Date _____

Signature _____ Phone # _____

This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.