Dear Parent,

We have noted that you child has a food allergy or food sensitivity that needs our attention.

Please complete the following, and check off when completed:

1. _____ **Food Allergy History** form (parent only).

2. ______ **Food Allergy Action Plan** and **Authorization for Administration of Medication** (doctor and parent).

3. ______ **Physician's Rx for Special Meals at School** (doctor and parent). *This form is needed even if your child does not need medication at school.*

4. ______ Please return these forms and any medication to the enrollment center by ____________________.

****************** IMPORTANT NOTE *******************

The completed forms AND prescribed medication must be received at the enrollment center before your child can attend preschool.

All medication must be in a pharmacy labeled box or in the original box/container (for over-the-counter medication).

Cordially,

and

Sacramento City Unified School District
Child Development Department

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
Child Development Department

Food Allergy History

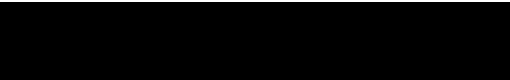
(Parent/Guardian to complete and return to Nurse)

Student Name______________________________ Date of Birth:___________________

Parent/Guardian_____________________________ School:_______________________

Please list any foods your child is allergic to:

Foods	Symptoms (rash, vomiting, difficulty breathing,etc.)		Allergic Reaction is (circle one)				Allergy triggered by (circle all the apply)		
		1	mild	Moderate	severe	1	Eating	Smell	Touch
		2	mild	Moderate	severe	2	Eating	Smell	Touch
		3	mild	Moderate	severe	3	Eating	Smell	Touch
		4	mild	Moderate	severe	4	Eating	Smell	Touch
		5	mild	Moderate	severe	4	Eating	Smell	Touch



Food Allergy Action Plan

Emergency Care Plan

Name: D.O.B.: / /

Allergy to :

Weight: lbs. Asthma : …Yes (higher risk for a severe reaction) …No

Extremely reactive to the following foods :
THEREFORE:
…If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.
…If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

Medications/Doses

Epinephrine (brand and dose):
Antihistamine (brand and dose):
Other (e.g., inhaler-bronchodilator if asthmatic):

Monitoring

Stay with student; alert healthcare professionals and parent . Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

______________________	__________	______________________	__________
Parent/Guardian Signature	Date	Physician/Healthcare Provider Signature	Date

5RXWHG WR &ODVV ILOH (PHUJHQF\ &RQWDFW &DUG +HDOWK &XP 0HG %DJ DV QH

Adrenaclick™ 0.3 mg and
Adrenaclick™ 0.15 mg Directions

Remove GREY caps labeled "1" and "2."

Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
Community, Health and Education Support Services Division
Health Services Office

AUTHORIZATION FOR ADMINSTRATION OF MEDICATION BY SCHOOL PERSONNEL

III. Parent Request

Please check one of these boxes.

5 I/We the undersigned, who am/are the parent(s) of _______________________________ B B B B

1. Student's Name: 2. Date of Birth: 3.Grade: 4. School:

4. Home Phone # : 5. Daytime Phone # : 6. Other Phone:

7.Parent/Guardian Name: Address: :

Signature: Date:

Yes If "yes", complete the remainder of the form.
No If "no", then no meal accommodation is required.

Orthopedic impairment requiring texture modification.

Metabolic Conditions or Inborne Errors of Metabolism.

Food Anaphylaxis (severe food allergy).

Major bodily function: immune or digestive function

Food Anaphyl Sujoods73(d)-3(a-3(508.87 Td (:)Tj EMC ET1)-37Q Sa)-3(x557.7-4 9 -3(o)-5(r[-4 9 -408.19 508.87 36 1 9 Tf 218.4 EMC 324)-7T1)9.14 9