



# Spokane Head Start /ECEAP/EHS SPECIAL DIET REQUEST: FOOD ALLERGY/INTOLERANCE

Site/room \_\_\_\_\_ FSC \_\_\_\_\_

Child's name \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

Parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell/work \_\_\_\_\_

Health Care Provider treating food allergy/intolerance/reaction \_\_\_\_\_ Phone \_\_\_\_\_

Do **you think** your child's food allergy may be **life-threatening**?  No  Yes

Did your child's **health care provider tell you** the food allergy may be **life-threatening**?  No  Yes

(If YES, an Individual Health Plan will need to be in place before your child attends school.)

**CURRENT STATUS** Check the foods that have caused an allergic reaction:

- |  |   |
|--|---|
| <input type="checkbox"/> Fluid milk  | <input type="checkbox"/> Soy Cheese   |
| <input type="checkbox"/> Milk cooked in foods  | <input type="checkbox"/> Soy Yogurt   |
| <input type="checkbox"/> Milk/cheese-based soup  | <input type="checkbox"/> Wheat  |
| <input type="checkbox"/> Cheese  | <input type="checkbox"/> Gluten   |
| <input type="checkbox"/> Cheese cooked in foods  | <input type="checkbox"/> Peanuts  |
| <input type="checkbox"/> Yogurt  | <input type="checkbox"/> Foods manufactured in a plant that processes peanut containing foods     |
| <input type="checkbox"/> Cottage cheese  | <input type="checkbox"/> Peanut or nut oils   |
| <input type="checkbox"/> Cream cheese  | <input type="checkbox"/> Peanut or nut butter   |
| <input type="checkbox"/> Margarine   | <input type="checkbox"/> Peanut flour   |
| <input type="checkbox"/> Trace amounts of milk in foods such as bread  | <input type="checkbox"/> Tree nuts (walnuts, almonds, pecans, etc.)                               |
| <input type="checkbox"/> Mayonnaise  | <input type="checkbox"/> Fish/shellfish   |
| <input type="checkbox"/> Eggs  | <input type="checkbox"/> Citric acid  |
| <input type="checkbox"/> Pancakes (contains milk, egg and soy)   | <input type="checkbox"/> Citrus fruits including oranges, canned Mandarin oranges and grapefruit  |
| <input type="checkbox"/> French toast (contains milk, egg and soy)   | <input type="checkbox"/> Pineapple  |
| <input type="checkbox"/> Waffles (contains milk, egg and soy)  | <input type="checkbox"/> Berries including strawberries, blueberries, raspberries or blackberries |
| <input type="checkbox"/> Muffins (contains milk, egg and soy)  | <input type="checkbox"/> Juices including orange, pineapple, apple or grape                       |
| <input type="checkbox"/> Eggs cooked in other foods.   | <input type="checkbox"/> Tomatoes including sauce and ketchup                                     |
| Please list _____  |   |
| <input type="checkbox"/> Soy products including soy oil, hydrolyzed or textured vegetable protein (H or TVP), soy sauce, soybean flour, etc. |   |

Please list any others \_\_\_\_\_

What do you use as a substitute for milk, cheese, or yogurt? \_\_\_\_\_

**TRIGGERS, SYMPTOMS, AND ACTION PLAN**

**My child will have a reaction** (Check all that apply)

- Eating foods  Touching foods  Smelling foods  Other, please explain \_\_\_\_\_

**How quickly do the signs and symptoms appear after exposure to the food(s)?**

\_\_\_\_\_ Seconds \_\_\_\_\_ Minutes \_\_\_\_\_ Hours \_\_\_\_\_ Days

What are the signs and symptoms of your child's reaction? \_\_\_\_\_

What should staff do? \_\_\_\_\_

Do you want staff to notify you?  Immediately  Upon pick up  Other \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Original in child's file

Copy to Nutrition Specialist

Copy to parent

**FOR STAFF USE ONLY**  Health Specialist notified  IHP in place  IHP needed