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