

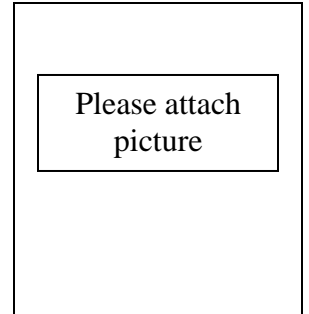
Allergy Self Management Check List

The purpose of this checklist is to obtain information about your child’s understanding and needs related to their food allergy. Please take a few minutes to answer the following questions.

Student Name: _____ 2018-2019 School Year

Grade: _____ Teacher: _____

Allergic to: _____



Ingestion Contact Inhalation

- | | | |
|---|-----|----|
| 1. The student is always able to visually recognize the allergen in all of its forms (ex. Peanut butter) or part of another food (ex. Peanut butter cookies). | Yes | No |
| 2. The student is able to read food labels for the offending allergen. | Yes | No |
| 3. The student is always able to recognize signs of allergic reaction. | Yes | No |

Signs/ Symptoms student experienced with reaction:

- | | | |
|--|-----|----|
| 4. The student is always able to verbally communicate body discomfort associated with allergic reaction. | Yes | No |
| 5. The student knows to wash his/ her hands well with soap and water before eating. | Yes | No |
| 6. The student knows only to eat foods brought from home. | Yes | No |
| 7. The student always knows not to trade food with classmates and adults. | Yes | No |
| 8. The student always knows the steps to take if having an allergic reaction. | Yes | No |
| 9. The student always understands how safe foods may become cross-contaminated with an allergen. | Yes | No |
| 10. The student knows if he/she needs to take medication in the event of accidental allergen ingestion. | Yes | No |

Medication Prescribed _____

- | | | |
|--|-----|----|
| 11. Does you child need to sit at the nut free table in the cafeteria | Yes | No |
| 12. Does your child need to sit at the nut free computer in the computer lab | Yes | No |

Parent Signature: _____ Date: _____