5. Self Care

a. Is your student able to monitor and prevent their own exposures? ☐ No ☐ Yes
b. Does your student:
   1. Know what foods to avoid ☐ No ☐ Yes
   2. Ask about food ingredients ☐ No ☐ Yes
   3. Read and understands food labels ☐ No ☐ Yes
   4. Tell an adult immediately after an exposure ☐ No ☐ Yes
   5. Wear a medical alert bracelet, necklace, watchband ☐ No ☐ Yes
   6. Tell peers and adults about the allergy ☐ No ☐ Yes
   7. Firmly refuses a problem food ☐ No ☐ Yes
c. Does your child know how to use emergency medication? ☐ No ☐ Yes _____
d. Has your child ever administered their own emergency medication? ☐ No ☐ Yes _____

6. Family / Home

a. How do you feel that the whole family is coping with your student's food allergy? _____
b. Does your child carry epinephrine in the event of a reaction? ☐ No ☐ Yes
c. Has your child ever needed to administer that epinephrine? ☐ No ☐ Yes
d. Do you feel that your child needs assistance in coping with his/her food allergy? _____

7. General Health

a. How is your child's general health other than having a food allergy? _____
b. Does your child have other health conditions? _____
c. Hospitalizations? _____
d. Does your child have a history of asthma? ☐ No ☐ Yes
   If yes, does he/she have an Asthma Action Plan? ☐ No ☐ Yes
e. Please add anything else you would like the school to know about your child's health: _____
   _____

8. Notes:

Parent / Guardian Signature: _____ Date: _____

Reviewed by R.N.: _____ Date: _____

*Adapted with permission – Washington State Guidelines for Anaphylaxis*