

Date Revived: _____

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REQUESTED ALLERGY INFORMATION

Allergy Disclosure Form

This form allows you to inform the school of any food allergies, severe food allergies, or other allergies that should be disclosed so the school can take necessary precautions to ensure your child's safety.

Please note: In the event of an emergency, the information on this form may be shared with appropriate medical personnel, emergency responders, and school staff to protect your child's health and safety.

Please complete this form as thoroughly as possible.

Student Name: _____ **Date of Birth:** _____
School: _____ **Grade:** _____

Severe Food Allergy Definition:

A **severe food allergy** refers to a dangerous or life-threatening reaction to a food allergen, which may occur through **inhalation, ingestion, or skin contact**, and requires **immediate medical attention**. Please **List any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.**

HEALTH HISTORY FORM

Food Allergies

☐ No information to report.

Food Allergen	Nature of Allergic Reaction	Life-Threatening? (Yes/No)

Allergen	Nature of Allergic Reaction	Life-Threatening? (Yes/No)

Parents are required to attach a letter from your child's doctor regarding any food/non-food allergies. Parents are responsible for completing this form each school year. FAAP/EAP form must be completed and signed by your child's doctor.

Confidentiality Notice

Brighter Horizons Academy will maintain the confidentiality of the information provided and may disclose it to teachers, counselors, school health, and other appropriate personnel in accordance with the Family Educational Rights and Privacy Act (FERPA) and district policy.

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Family information & Health History Form

Parent/Guardian Information

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Information

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact:

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Healthcare Contacts

Primary Healthcare Provider: _____ Phone: _____

Allergist: _____ Phone: _____

1. Diagnosis

Does your child have a diagnosis of an allergy from a healthcare provider?

☐ No ☐ Yes

2. History and Current Status

Allergens (check all that apply): ☐ Peanuts ☐ Insect Stings ☐ Eggs ☐ Fish/Shellfish ☐ Milk
☐ Latex ☐ Soy ☐ Other: _____

How many times has your student had a reaction: ☐ Never ☐ Once ☐ More than once, explain: _____

Past Reactions Describe

Symptoms: _____

Are the food allergy reactions: ☐ Same ☐ Better ☐ Worst

3. Triggers and Symptoms

A. Early Signs & Symptoms (include what child may say):

B. How does your child communicate symptoms?

C. Time to Onset After Exposure:

☐ Seconds ☐ Minutes ☐ Hours ☐ Days

D. Symptoms Experienced (check all that apply):

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Skin: <input type="checkbox"/> Hives <input type="checkbox"/> Itching <input type="checkbox"/> Rash <input type="checkbox"/> Flushing <input type="checkbox"/> Swelling Abdomen: <input type="checkbox"/> Nausea <input type="checkbox"/> Cramps <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea Lungs: <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Repetitive Cough	Mouth: <input type="checkbox"/> Itching <input type="checkbox"/> Swelling (lips/tongue/mouth) Throat: <input type="checkbox"/> Itching <input type="checkbox"/> Tightness <input type="checkbox"/> Hoarseness Lungs: <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Repetitive Cough
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4. Treatment

A. How have past reactions been treated? _____ B.

Effectiveness of Treatment: _____

C. Emergency Room Visit:

☐ No ☐ Yes – Explain: _____

D. Hospital Admission:

☐ No ☐ Yes – Explain: _____

Food Allergy Individualized Healthcare Plan (IHP)

To be completed by the School Health Office, School Administrator's in partnership with parent/guardian.

Goal:

To support safe management of food allergies and reduce the risk of life-threatening allergic reactions in school. Little Horizons Academy and Brighter Horizon Academy are **NOT** allergy free schools. If your child has an allergy, their classroom will be a safe zone. A safe zone is defined as a classroom that makes an effort to reduce the chance of an allergic reaction. Please know that Little Horizons Academy and Brighter Horizon Academy cannot guarantee parents or others will follow this request.

Interventions (check all that apply):

- ☐ Secure medical documentation (EAP, IHP) and food substitutions info
- ☐ Educate staff on early signs of anaphylaxis and emergency steps
- ☐ Train staff in EpiPen use, first aid, and EMS protocol

Outcomes:

- ☐ EAP received from healthcare provider
- ☐ Designated Staff trained in EpiPen use
- ☐ Designated Staff respond according to EAP during allergic reaction
- ☐ post-crisis review conducted (if exposure occurs)

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Student Education Interventions:

- ☐ Teach student how allergens can be hidden in foods
- ☐ Educate on avoidance strategies and emergency response
- ☐ Review when/how to notify adults of symptoms
- ☐ Support student independence and safety awareness

Food Allergy Management Plan

OUTCOME 1:

Students will safely manage their food allergies during the school day.

Student Outcomes:

- ☐ Student will read food labels before ingestion.
- ☐ Student will not accept food offered by others.

- ☐ Student can demonstrate assertiveness when encountering potential exposure to allergens.
- ☐ Student will identify allergic reactions, notify school personnel, and respond/treat immediately.
- ☐ A food-safe environment will be established for students with food allergies.

INTERVENTIONS TO SUPPORT STUDENT SAFETY

Environmental & Educational Controls:

- ☐ Educate staff on allergens and implement environmental controls. Post reminders on the school management system.
- ☐ Educate parents via a food allergy awareness letter.
- ☐ Secure medical documentation (if provided to school)
- ☐ Request an emergency meal from parents in case an allergen-free meal is not available.
- ☐ Facilitate full participation in all school activities.
- ☐ **Review the school lunch menu regularly** and be aware of potential allergens or cross-contamination risks. Parents should contact school staff or the lunch vendor with any concerns regarding ingredients or food preparation practices.

OUTCOME 2:

Students are at reduced risk of allergen exposure.

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OUTCOME 3:

Students maintain a positive self-image and avoid food-allergy-related bullying.

Potential Challenge:

Diminished self-esteem due to food allergy diagnosis.

Interventions:

- ☐ Enforce a zero-tolerance policy for bullying related to food allergies.
- ☐ Educate students on assertiveness and advocacy techniques.
- ☐ Empower student to help educate classmates on food allergies.

Student Outcomes:

- ☐ Student does not experience bullying related to food allergies.
- ☐ Student demonstrates positive self-esteem and confidence (verbal and non-verbal communication).

Family & Student Roles and Responsibilities

Family Responsibilities:

- ☐ Notify the school of the child's allergies.
- ☐ Work with the Student Health Office to review and update the Emergency Action Plan (EAP), including accommodations in classrooms, cafeteria, after-school activities, and school-sponsored events.
- ☐ Provide medical documentation and a photo of the child, along with medications as directed by the physician.
- ☐ Supply properly labeled, up-to-date medications and replace them after use or upon expiration.
- ☐ Educate the child in age-appropriate self-management of food allergies:
 - ☐ Identifying safe and unsafe foods
 - ☐ Avoiding exposure
 - ☐ Recognizing symptoms of an allergic reaction
 - ☐ Reporting symptoms to an adult
 - ☐ Reading food labels

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- ☐ Administering emergency medications (if age-appropriate)
- ☐ Review procedures with school staff and the physician following any allergic reaction.
- ☐ Provide written copies of allergy protocols to after-school club leaders, coaches, and event coordinators.
- ☐ Provide updated emergency contact information as needed.

Student Responsibilities:

- ☐ Do not trade food with others.
- ☐ Do not eat food with unknown ingredients or known allergens.
- ☐ Be proactive in managing their food allergies (as appropriate for their age).
- ☐ Notify an adult immediately if they think they have eaten something unsafe.

NOTE:

This plan applies to all shared school spaces, including but not limited to:

- **Multipurpose Hall**
- **Gym**
- **Soccer Field**
- **Musallah (Prayer Area)**
- **Library**
- **Computer Labs**

Additional Important Notes

- ☐ **An Emergency Action Plan (EAP) is attached to this IHP.**
- ☐ **The EAP and/or IHP will be shared with the following staff members:**
(List all staff members who will receive a copy) if needed.

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☐ **School Administrators**

☐ **My child does not require any of the interventions mentioned in this IHP.**

The term allergen-safe refers to an environment that is made as safe as possible from food allergens. The phrase should not be interpreted to mean an allergen-free environment totally safe from food allergens. There is no fail-safe way to prevent an allergen from inadvertently entering a school facility.

Agreement & Acknowledgment

By **not checking** any of the above statements, you acknowledge and accept that you may be choosing to **discontinue enrollment** at Brighter Horizons Academy.

I hereby certify that all information provided in this document is **true and accurate** to the best of my knowledge.

I agree to **follow the terms outlined** in this agreement.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Student Health Office Signature: _____

Student Health Office Printed Name: _____

Today's Date: ____ / ____ / ____

Name: _____ D.O.B.: _____

Allergy to: _____

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

**PLACE
PICTURE
HERE**
NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.
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.

FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS



LUNG

 Short of breath,
wheezing,
repetitive cough


HEART

 Pale, blue,
faint, weak
pulse, dizzy


THROAT

 Tight, hoarse,
trouble
breathing/
swallowing


MOUTH

 Significant
swelling of the
tongue and/or lips


SKIN

 Many hives over
body, widespread
redness


GUT

 Repetitive
vomiting, severe
diarrhea


OTHER

 Feeling
something bad is
about to happen,
anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.


- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

 Itchy/runny
nose,
sneezing


MOUTH

Itchy mouth



SKIN

 A few hives,
mild itch


GUT

 Mild nausea/
discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.**
**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

 Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

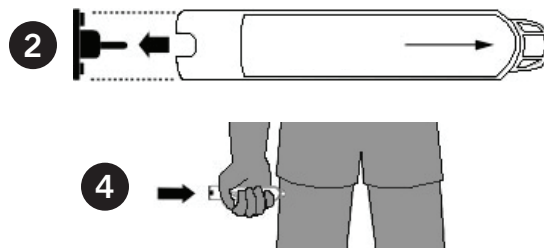
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

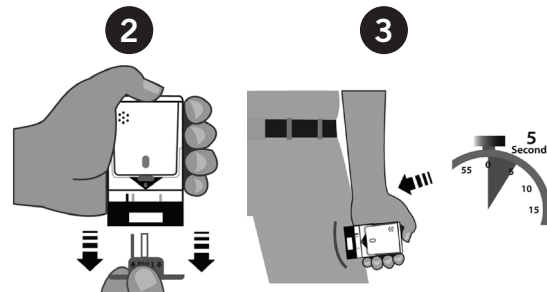
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENALCLICK®/ADRENALCLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____