

Food Allergy Information Form

PLEASE FILL IN THIS ADDITIONAL FORM IF YOUR CHILD HAS A SEVERE OR LIFE THREATENING ALLERGY

In order for Nomad to effectively manage your child's allergies and health issues we need more information about their allergies. This information has two purposes:

- 1) PREVENTION: To give us clear guidelines of what food they must avoid and to assist the caterer with some suggestions of what foods they can eat.
- 2) PREPAREDNESS : For Nomad to be able to prepare a food allergy action plan in case an allergen is ingested. This starts with our staff being able to identify the symptoms and to give some history to any medical personnel who maybe giving treatment.

This document aims to supplement the Risk Acknowledgement Form and acts as a guide/checklist to ensure that the staff involved are fully prepared.

Student's Name :

Date of Birth:

Weight :

Asthma : ___ No ___ Yes

Is the student carrying any medication for their allergy?

___ No ___ Yes (Please identify: _____)

To be filled in by school and Nomad Adventure: Date of program: _____ Which group is the student in? _____ Who is their group teacher? _____ Who is their facilitator? _____
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Type of allergy	Severity: 1. Life-threatening 2. Requires outpatient medical attention 3. Causes discomfort 4. Causes mild irritation	Symptoms to watch out for	Last instance of allergic reaction to this allergen	Has this allergic reaction ever been treated by a doctor?
Foods				
Peanuts				
Shellfish				
Eggs				
Wheat				
Soy				
Others (please specify)				
Drinks				
Juice				
Milk Products				
Others (Please specify)				
Animals				
Cats				
Insects				
Others				
Environmental				
Please specify				
Medications				
Please specify				

Students requiring a gluten free/vegetarian/special diet due to specific allergies are requested to bring their own snacks. Parents are asked to pack a cooler bag or storage bag, which contains containers or food bags clearly labelled with the child's name.