

Child Health Plan and Provider Orders Form - Dietary Accommodations - Food Allergies/Intolerances

Center: _____ Early Head Start Head Start ECEAP
Child's Name: _____ DOB: _____ Gender: M / F
Parent/Guardian: _____ Phone: (H) _____ (C) _____

My child is allergic or has an intolerance to (list all foods/ingredients):

- | | |
|--|--|
| 1. _____ <input type="checkbox"/> Allergy <input type="checkbox"/> Intolerance | 3. _____ <input type="checkbox"/> Allergy <input type="checkbox"/> Intolerance |
| 2. _____ <input type="checkbox"/> Allergy <input type="checkbox"/> Intolerance | 4. _____ <input type="checkbox"/> Allergy <input type="checkbox"/> Intolerance |

Which of the following symptoms occur after exposure?

- Hives Rash Itching Swelling Redness Tingling Nausea
 Vomiting Diarrhea Stomach pain Gas Bloating Other: _____

Give detailed description: _____

What can we do to prevent the symptoms at school/child care? _____

If your child is exposed to, or eats a food/ingredient that must be avoided, staff should:

- Call parent Send note home with child

Is medication(s) taken at home? Yes No (list): _____

Is medication(s) needed while at school? Yes No (If YES, refer to Provider order's)

Is medication(s) needed during transport to/from school? Yes No

Signs of a severe allergic reaction (Anaphylaxis)

- Mouth: itching, tingling or swelling of the lips, tongue or mouth
- Throat: swelling, sense of tightness in the throat, hoarseness, a hacking cough, trouble swallowing or talking
- Skin: very warm or cold to the touch, pale, blue or gray, sweating
- Gut: nausea, stomach ache/abdominal cramps, vomiting, and/or diarrhea more than twice
- Lungs: difficulty breathing, shortness of breath, repetitive coughing, and/or wheezing
- Heart: racing and/or weak pulse, dizziness, fainting or unconsciousness, complaints of chest pain

Anaphylaxis action plan

- IF PRESCRIBED BY A PROVIDER, ADMINISTER EPINEPHRINE AS ORDERED (Epi-pen Jr., Auvi-Q, Twinject)
- CALL 911 IMMEDIATELY! 911 must be called WHENEVER an EPINEPHRINE AUTO-INJECTOR is administered
- A CPR TRAINED ADULT must remain with child at the location where symptoms began until EMS arrives
- DO NOT HESITATE to administer EPINEPHRINE or call 911 even if the parents cannot be reached
- Advise 911 that child is having a severe allergic reaction and the Epinephrine is being administered
- A CPR trained adult must stay with child at all times, monitor services, and begin CPR if necessary
- Call School Nurse or Health Office per your school district policy
- Give used EPINEPHRINE AUTO-INJECTOR to EMS along with a copy of the *Child Health Plan*

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Child's Name: _____ DOB: _____ Gender: M / F

No medication is required at school (Please sign below if you agree with this CHP).

Health Care Provider Orders for Medication at School

Important notice to Provider:

Please ensure this child has a prescription on file with the pharmacy that matches the orders below. **Our policy requires Health Care Provider Orders and medication labels to match exactly.**

1) Medication Name

2) Symptoms for medication use

3) Dose

4) Frequency & Length of time between doses

5) Route

6) Possible side effects of medication

7) Special administration and/or storage instructions

8) If PRN, specify Start date: _____ **and** End date: _____

Health Care Provider's Signature

Date

Print name

Phone #

Fax #

Parent/Guardian Signature

Date

Interpreter Signature

Date

Reviewed by: Health or Nutrition Coordinator / Nurse Consultant

Date

ITE/Teacher Date

ITP/Assistant Date

FA/FE/FSF/HV Date

Dir/C Coor Date

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Child's Name: _____ DOB: _____ Gender: M / F

Condition: Complete one statement for each condition

Food Intolerance: Milk only Dairy Other: _____

Food Allergy: Dairy Eggs Soy Wheat Fish Shellfish
 Tree Nuts Peanuts Other: _____

Allergy Type: Ingestion Environmental Skin contact

Medical condition requiring special diet: _____

Describe Reaction: Anaphylaxis Asthma Shortness of breath Rash/Hives
 Vomiting Diarrhea Other: _____

504 Disability Classification: Check Disability or Non-Disability

Disability: Identify the major life activities or bodily functions affected by the disability

Bodily Functions: Digestive Bowel Bladder Immune System Respiratory Brain
 Cardiovascular Endocrine Neurological Circulatory Reproductive Normal Cell Growth

Major Life Activities Affected: _____ (Ex. Eating, Sleeping, Hearing, Seeing, Breathing)

Non-Disability

Dietary Accommodations

Foods to Omit	Foods to Substitute (Required completion by HCP)

Specify texture modifications below and describe above if necessary:

None Chop Ground Puree Thickened Other: _____

For USDA Food Programs providing milk, the child can consume (check all that apply below) :

Lactose Free USDA-approved Soy Milk* None, please explain below:

*8th Continent (Original), Pacific Ultra (Plain), Great Value (Original), Kirkland Organic (Plain), Silk (Original)

Specify milk substitution(s): _____

Describe any other concerns regarding the child's eating or feeding patterns: None

Signed by Recognized Medical Authority (Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PA), Nurse Practitioner (ARNP), or Naturopathic Doctor (NP))

Health Care Provider's Signature

Date

"A Person with a Disability" is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. "Physical or Mental Impairment" means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular; reproductive, digestive, Genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. "Major Life Activities" are functions such as caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working. "Major Life Activities" now include "Major Bodily Functions" such as functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions. "Has a Record of Such an Impairment" is defined as having a history of, or has been classified as having a mental or physical impairment that substantially limits one or more major life activities. Citations from Section 504 of the Rehabilitation Act of 1973. This institution is an equal opportunity provider.