

MUSKEGO-NORWAY SCHOOL DISTRICT  
**Food Allergy/Anaphylaxis Emergency Action Plan**



*\*Additional Information\**

**Student's Name:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

1. Please describe what reaction(s) this student has had in the past to the allergen(s) listed on the emergency action plan (itching, difficulty breathing, hives, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has this student ever received an Epi Pen, Auvi-Q, or other source of epinephrine due to a severe allergic reaction? If yes, please describe the situation.  
\_\_\_\_\_  
\_\_\_\_\_

3. Any other special considerations for school:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. (If you've not already addressed on the emergency action plan:)  
Does your student need to sit at the nut-safe table in the lunchroom?  
Yes\_\_\_\_ No\_\_\_\_

Does your student's classroom need to be nut-safe?  
Yes\_\_\_\_ No\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_