Southside Christian School

Allergy Plan/Accommodations

Student Name: _____

Allergy Type:

☐ **A. Peanut Allergy**

Peanuts are legumes, not tree nuts

☐ ***B. Tree Nut Allergy***

☐ Cashew ☐ Almond ☐ Walnut ☐ Pecan ☐ Pistachio

☐ Hazelnut ☐ Brazil nut ☐ Macadamia

☐ C.Other _____

Reactions:
Indicate below your child's reaction level (mark all that apply)

A. Mild Reaction	**B. Moderate Reaction**	**C. Severe Reaction (Anaphylaxis)**
☐ Contact allergy	☐ Widespread hives	☐ A medical emergency
☐ Itchy mouth	☐ Vomiting	☐ Difficulty breathing
☐ Localized rash or hives	☐ Persistent coughing	☐ Throat tightness
☐ Mild stomach discomfort	☐ Swelling of lips or eyes	☐ Drop in blood pressure
		☐ Loss of consciousness

Other: _____

Please mark which statement that applies:

- ☐ I can be in the **same room** as others, consuming nut products.
- ☐ I can sit **next to** someone with nut products.
- ☐ I need to eat at a **separate** table.
- ☐ Students without nut products may eat with my child at a separate table.

Preferred Family Plan

Preferred steps in the event of an exposure: Please indicate below your preferred plan of action:

Example:

- Call parent
- Give benadryl
- Give Epi-pen
- Etc.

1. _____
2. _____
3. _____
4. _____

My child's EPI-PEN should be kept in the ☐ office/ ☐ classroom (please mark one).

Allergen Disclaimer: While SCS makes every reasonable effort to reduce exposure risks and manage allergens safely, the school operates an open campus and cannot guarantee an entirely allergen-free or nut-free environment. The school cannot ensure that students will never come into contact with nut products or other allergens while on campus, on school transportation, or participating in school-sponsored activities.

Date _____

Parent Signature _____