



BRECKSVILLE-BROADVIEW HTS. CITY SCHOOL DISTRICT

"where fine education is a heritage"

Action Plan for Non-Emergency Food Allergies/Intolerances

Student's Name _____ Grade _____ School Year _____

Food Allergy / Intolerance for- _____

Food(s) to be omitted

Possible Reactions

_____	_____
_____	_____
_____	_____
_____	_____

In the event of an exposure and reaction, please do the following:

Medication to take to avoid the reaction or treat it:

Medication	Dose	Route
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Contact Information:

Name

Telephone Number

1. _____
2. _____
3. _____

Parent/Guardian Signature _____

Date _____

Nurse's Signature _____

Date _____ - _____