Participant Name: ___________________________ Date: __________________

A. Special Food Preparation
Indicate texture of food needed:
- □ Regular
- □ Chopped
- □ Mechanical Soft
- □ Pureed

Indicate thickness of liquids needed (thickening agent must be provided by family):
- □ Regular
- □ Nectar
- □ Honey
- □ Pudding

B. Food Allergies
What food(s) is the participant allergic to?
- □ Milk/Dairy
- □ Eggs
- □ Peanuts
- □ Soy
- □ Gluten
- □ Wheat
- □ Dyes or coloring
- □ Other: ______________________
  Please specify: ______________

What type of contact induces an allergic reaction?
- □ Ingesting the allergen
- □ Eating near others with the allergen
- □ Ingesting food with the allergen
- □ Any exposure
- □ Other: ______________________

What signs will we see if the participant is having experiencing an allergic reaction?
- □ Skin rash/hives
- □ Difficulty breathing
- □ Upset stomach/bowels
- □ Anaphylaxis
- □ Swelling of lips
- □ Swelling in tongue
- □ Dizziness
- □ Drop in blood pressure
- □ Closed throat
- □ Other: ______________________

If experiencing an allergic reaction, will we see signs/symptom immediately or is there a delayed response? ________________________________

________________________________________________________________________
Please number the procedures below in order of desired emergency care:

_____ Call parent/guardian immediately participant is showing signs/symptoms of an allergic reaction.

_____ Call 911 if signs/symptoms of an allergic reaction appear.
  • Under what circumstances should staff contact 911? ______________________________

_____ Administer emergency medication (Epi-pen, inhaler, Benadryl).
  • Under what circumstances should staff administer emergency medication? ______
  • Can the participant self-administer the emergency medication?  yes  no

Directions: Please complete the table below with a list of safe snacks and unsafe snacks for
the participant. We cannot guarantee that safe snacks will be provided during respite events, so
if your loved one has an allergy please be prepared to send them with a snack to the event so
that they can enjoy in snack time with their peers.

<table>
<thead>
<tr>
<th>Safe Snacks</th>
<th>Unsafe Snacks</th>
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C. General Information

Can the participant identify foods that are safe to eat?  yes  no
Can the participant inform an adult if they are having an allergic reaction?  yes  no

By signing below, I acknowledge that the information provided above is the most recent and up-to-
date medical information for the above listed participant. In the event of an emergency, I give my
permission for Easterseals Crossroads to seek emergency medical care and treatment from the
physician and/or hospital that I have identified on the Respite Registration Forms. I understand that I
am responsible for payment of any emergency medical care.

Parent Signature ___________________ Date ___________________

For staff use only:
This form was received and reviewed by:

Name / Title ___________________ Date ___________________