

ALLERGY CHECKLIST FOR PARENTS

Please take a few minutes to carefully complete this form - Clearly **CIRCLE AROUND THE ITEMS (food/drink)** your child **MAY NOT** consume.
Some of the foods listed below are not applicable to all Carnival vessels.

NOTES:

* If your child has a nut allergy, please note that ALL cookies may have been in contact with other foods containing nuts.
* If your child is allergic to dairy products, please note that the chicken nugget's batter may contain dairy products.

* Meatballs (and spaghetti with meatballs) may contain breadcrumbs.
* Vegetables (e.g. peas, corn, etc.) may be cooked in, or flavored with, butter or milk.

* This form is for food ALLERGIES & Vegetarians only, not food preferences.
* Beepers are strongly recommended for ALL children with allergies and/or special needs.

CHILD'S FULL NAME: _____ **AGE:** _____

ALLERGY DETAILS: _____

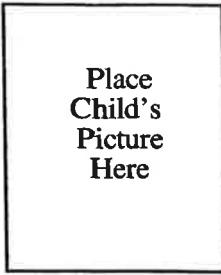
SYMPTOM DETAILS: _____

PARENT'S SIGNATURE:

BEVERAGES	GENERAL	DESSERTS/CANDY	CONDIMENTS / DIPS	CEREALS	VEGETABLES	FRUIT	SNACKS	LATEX		
Apple Juice	Bacon	Fried Rice (Includes Egg)	Chocolate Flakes	M&M's Candies	Butter	All Bran	Bell Peppers	Apples	Cheese Goldfish	Band-Aids
Coke	Beef Tacos	Grilled Cheese Sandwiches	Chocolate Gold Coins	Marshmallows	Cream Cheese	Bran Flakes	Broccoli	Bananas	Snack Mix (Sesame Seeds)	Ballons
Diet Coke	BLT	Ham	Chocolate Sprinkles	Muffin - Various	Dip - Salsa	Cheerios	Carrots	Blueberries	CheX Mix	Latex Gloves
Diet Sprite	Bread/Bagels/Croissant	Hamburger	Cookie - Chocolate Chip	Rainbow Sprinkles	Dip - Blue Cheese	Chocplate Krispies	Cauliflower	Cantaloupe	Graham Crackers	Muster Wristbands
Fanta	Ceasar Salad	Hod Dog (Beef)	Cookie - Sugar	Skittles	Dip - Cheese Sauce	Cinnamon Toast Crunch	Celery - Raw	Cherries	Potato Chips - Salted	OTHER
Fruit Punch	Cheese	Lasagna - Cheese	Danish Pastry - Various	Starburst	Dip - Sour Cream	Corn Flakes	Corn / Corn on the cob	Grapes	Pretzels	
Hot Chocolate	Cheese Quesadillas	Macaroni & Cheese	Food Dye Specify -	Syrup - Butterscotch	Dressing - Ranch	Corn Pops	Green Beans	Honeydew Melon	Tortilla / Nacho Chips	
Iced Tea	Cheeseburger	Mashed Potatoes	Frosting - Various colors	Syrup - Caramel	Guacamole	Cruncheroos	Green Peas	Oranges		
Lemonade	Chicken Honey Glazed	Meatballs / BBQ Sauce	Gummy Bears	Syrup - Chocolate	Jelly / Jam	Frosted Flakes	Lettuce	Pineapple		
Milk - Chocolate	Chicken Noodle Soup	Pizza - Cheese	Hershey Kisses	Syrup - Raspberry	Ketchup	Fruit Loops	Mushrooms	Raspberries		
Milk - Regular	Chicken Nuggets	Pizza - Pepperoni	Hershey - Milk Chocolate	Syrup - Strawberry	Mayonnaise	Lucky Charms	Olives	Strawberries		
Milk - Skim	Chicken Quesadillas	Pizza - Sauce	Ice Cream - Chocolate	Vanilla Sponge Cake	Mustard	Raisin Bran	Onions	Watermelon		
Non-alcoholic Daiquiri	Chicken Tenders	Sausage	Ice Cream - Vanilla		Whipped Cream	Rice Krispies	Pickles			
Assorted Sno Cone Sugar Syrup Flavors	Eggs	Spaghetti and Meatballs	Jell-O - Green				Tomatoes			
Orange Juice	Fish Fingers		Jell-O - Orange							
Pib (Soda)	French Fries		Jell-O - Red							
Sprite	Fried Mozzarella		Jell-O - Yellow							
Water										

Food Allergy Action Plan

Student's Name: _____ D.O.B.: _____ Teacher: _____



ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

Symptoms:

- If a food allergen has been ingested, but *no symptoms*:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat † Tightening of throat, hoarseness, hacking cough
- Lung † Shortness of breath, repetitive coughing, wheezing
- Heart † Thready pulse, low blood pressure, fainting, pale, blueness
- Other † _____
- If reaction is progressing (several of the above areas affected), give

Give Checked Medication**:

- | | |
|---------------------------------|--|
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |

To be determined by physician authorizing treatment

The severity of symptoms can quickly change. † Potentially life-threatening.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen EpiPen Jr. (see reverse side for instructions)

Antihistamine: give _____ medication/dose/route

Other: give _____ medication/dose/route

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: _____) . State that an allergic reaction has been treated, and additional epinephrine may be needed)

2. Dr. _____ at _____

3. Emergency contacts:

Name/Relationship	Phone Number(s)	
a. _____	1.) _____	2.) _____
b. _____	1.) _____	2.) _____
c. _____	1.) _____	2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____

Date _____

Doctor's Signature _____
(Required)

Date _____