

# Kids and Food Allergies

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# Food Allergy Facts and Figures

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A food allergy occurs when the body's immune system sees a certain food as harmful and reacts by causing symptoms. This is an allergic reaction. Foods that cause allergic reactions are called allergens.

Allergic reactions can involve the skin, mouth, eyes, lungs, heart, gut and brain. Mild and severe symptoms can lead to a serious allergic reaction called anaphylaxis. This reaction usually involves more than one part of the body and can worsen quickly. Anaphylaxis must be treated right away to provide the best chance for improvement and prevent serious, potentially life-threatening complications.

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## How Common Are Food Allergies?

- About 32 million people have food allergies in the U.S.
- About 26 million U.S. adults have food allergies (**10.8%**).
- About 5.6 million (**7.6%**) of children have food allergies.
- Food allergies are most common in young children.
- Milk, egg, wheat and soy allergies are often outgrown. But most people do not outgrow peanut, tree nut, fish and shellfish allergies.
- In 2017, 4.8 million (**6.5%**) children under 18 years of age had food allergies over the previous 12 months.
- Children with food allergies are two to four times more likely to have asthma or other allergic disease.
- Food allergies occur at a lower rate in Hispanic children at **3.6%**. Food allergies in non-Hispanic white and non-Hispanic black children are greater than **5%**.



## What Are the Most Frequent Food Allergens?

Eight foods cause **90%** of most food allergy reactions:

1. Milk
2. Egg
3. Peanut
4. Tree nut (e.g., almonds, walnut, pecans, cashews, pistachios)
5. Wheat
6. Soy
7. Fish (e.g., bass, flounder, cod)
8. Shellfish (e.g., crab, shrimp, scallop, clams)



**Allergies to peanuts, tree nuts, fish and shellfish tend to persist lifelong. Allergies to milk, egg, wheat and soy often disappear with age, but not always.**



# 10 SCHOOL PLANNING TIPS

## When Your Child Has Food Allergies



Most children with food allergies are happy and attend school safely every day. That safety and happiness is the result of planning and persistence. A key to success is to work cooperatively with the school to form a partnership that will support your child along the way.

Start by asking a lot of questions before your child begins school or attends a new school.



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### Communicate with the school:

- Start early, if possible, in the spring before the next school year
- Find out if your school or school district has a school nurse
- Write to the principal and school nurse – tell them about your child's food allergies and specific needs
- Request a meeting with key people to start the planning process
- Ask if the school/school district has any food allergy management policies in place
- Inquire about staff training
- Get copies of the forms you will need to have filled out before school starts:
  - Medication Authorization forms – these state if your child can self-carry and/or self-administer medicines at school and are required even if the medicine will be stored and administered by school staff
  - Special Dietary Meals Accommodation form – you will need this if your child will be eating meals provided by school
  - Emergency Action Plan (EAP) form – this tells caregivers what to do in case of an allergic emergency
- Work with the school to create a written plan – this is typically either an Individualized Health Plan (IHP) or a 504 plan

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### Visit your child's doctor before school starts to get the following:

- Required prescriptions for emergency medicine (epinephrine auto-injectors)
- Doctor signatures on the forms:
  - Medication Authorization
  - Special Dietary Needs Accommodation
  - Emergency Action Plan

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### Meet with the school nurse or representative before school starts to find out:

- When is the school nurse at your child's school? (Full-time, part-time, available by phone, etc.)
- If the nurse is not at your school, who takes care of students during the school day if they are sick? How does the health room operate during a typical school day?
- Where will your child's emergency medicine be kept **unlocked** during the school day?
- What experience has the school had with food-related emergencies?
- What are the procedures for shelter-in-place and evacuations? How are food and medicines handled during emergencies?
- How are food allergies managed on school buses and during after-school activities?
- How does the school deal with bullying about food allergies? Is there a zero-tolerance policy? Does the school educate students about food allergies?
- Does the school nurse train school staff on managing food allergies? Who and when?



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#### Meet with the food services director to find out:

- How the school manages meals in the cafeteria, lunch area or classroom for students with food allergies
- How students with life-threatening food allergies will request meals with safe substitutions once you submit the signed Special Dietary Needs Accommodations form

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#### Turn in all completed and signed forms and prescriptions before the first day of school:

- Medication Authorization forms
- Emergency Action Plan (EAP)
- Special Dietary Needs Accommodations Form – if your child will be eating meals provided by the school
- Epinephrine auto-injectors – must be in original package and labeled with your child's name; be sure these will **not expire** during the school year

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#### Make an appointment with the teacher to discuss classroom management of food allergies:

- Allergen control strategies in the classroom and during “specials” such as music or art
- Ingredient label reading
- Safe snacks (encourage fresh fruits and vegetables)
- Classroom celebrations (encourage non-food items)
- “No food sharing” rules
- Field trips (Who carries medicine? Can parents attend?, etc.)
- Cleanup after eating or anytime food is brought into the classroom
- Food in classroom activities (encourage non-food curriculum)
- Hand-washing practices before and after eating, or use of hand wipes (not hand sanitizer)
- Alerting substitute teachers about children with food allergies



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#### Teach and encourage your child to build age-appropriate skills to manage food allergies:

- Reading food labels, avoiding foods without labels, not sharing food
- Hand-washing or hand wipes (no use of hand sanitizer)
- Self-carrying and how to use an epinephrine auto-injector (discuss readiness to self-carry with your child's doctor)
- Knowing what their body might do if they were to have a reaction
- Telling a grownup if they start to have an allergic reaction at school
- Reporting any bullying or harassment by staff or students
- Sitting with their classmates in the cafeteria
- Riding the bus and/or going on field trips



Periodically check in with your child to ask how they feel at school.

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#### Other items your child may need to store at school:

- Hand wipes
- Non-perishable foods for disasters or shelter-in-place situations
- Special snacks or a non-perishable lunch for occasions your child may need them
- Allergy-friendly school supplies

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#### Work together to form a partnership with your child's school:

- Document meetings and interactions via email summaries with key staff
- Choose your battles wisely and volunteer when possible
- Offer solutions whenever possible and collaborate with your child's school
- Keep in mind that a friendly approach will help you get a positive result if conflicts start to happen
- Check in periodically with school staff to make sure the plan is working and your child is adjusting

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#### Visit [kidswithfoodallergies.org](http://kidswithfoodallergies.org) for more information about managing food allergies at school.



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# So What's the Big Deal About **FOOD ALLERGIES?**

## **Is peanut the only allergy that is serious? What about other foods?**

Many foods in addition to peanuts can cause a serious **allergic reaction**. When children come into contact with foods to which they are allergic, they can develop symptoms. This is an allergic reaction. Foods that cause an allergic reaction are called **allergens**. Sometimes, these reactions can be severe and life-threatening. No one can predict how severe a reaction will be.

## **Why are there so many more kids with food allergies now than when I was a kid?**

Food allergies are on the rise, but no one knows why. The percentage of children with a food allergy has increased by about 50% between 1997 and 2011. One in 13 children in the U.S. now has a food allergy. Around 15 million people in the United States have a food allergy.

## **Is there a medicine a child can take to prevent allergic reactions?**

No. The only way to prevent an allergic reaction is to avoid the foods one is allergic to. A medicine called **epinephrine** can be given to treat a reaction, but it cannot prevent a reaction.

## **Is there a cure for food allergies? I keep hearing about cures in the news.**

No. Researchers are studying possible cures for food allergies. While some studies have shown promising results, there is no definite cure yet for food allergies.

## **Can you develop a food allergy as an adult?**

Yes. Food allergies can develop at any age.



## **What kinds of foods are people allergic to? Do children have different food allergies than adults?**

Any food can be an allergen. The most common food allergies are milk, eggs, peanuts, wheat, soy, fish, shellfish and tree nuts.

The most common food allergies in babies and children are eggs, milk, peanuts, tree nuts, soy and wheat. Adults can also be allergic to these foods, but shellfish, peanuts and tree nuts are the most common food allergies in adults.



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**“The percentage of children with a food allergy increased by about 50% between 1997 and 2011.”**



**Why are schools telling kids not to bring certain foods to school? Can't you just tell the kids with food allergies not to eat those foods?**

Children can react to an allergen by eating a food they're allergic to. They can also react by touching something that has traces of that food on it, such as peanut butter residue. Usually this will result in a local reaction like hives. If they have traces of food on their hands and put their hands in their mouth, they can have a more severe reaction.



**I've heard kids can die from food allergies. Is that true?**

Yes. Kids with food allergies can have a life-threatening reaction known as **anaphylaxis** (anna-fil-LACK-sis). The symptoms of anaphylaxis may occur shortly after having contact with an allergen and can get worse quickly. Anaphylaxis must be treated right away because it can cause death. Symptoms of anaphylaxis can involve one or more symptoms of the skin, mouth, eyes, lungs, heart, gut and brain. Some symptoms may include hives, difficulty swallowing, trouble breathing or vomiting.

**How careful do people with food allergies need to be? Isn't it good enough to be careful when they buy food or do they need to do more?**

People with food allergies need to be aware of everything they eat. They need to read all food labels and know the ingredients in foods that other people make. Foods that seem “safe” can have hidden allergens and cause a reaction. They also need to be prepared to treat an allergic reaction with a medicine called **epinephrine**, which comes in a device called an auto-injector. After using their epinephrine auto-injector, they need to call 911 and go to the hospital.

**Can kids with food allergies go to events where food is served, like birthday parties and holiday celebrations?**

Yes, but they must be careful about what they eat and touch. With careful planning, a parent can make sure their child has safe food to eat. This may involve calling the host before the event to check the ingredients of foods being served. Or the parent may want to bring food that is safe for a child to eat.

**Do kids outgrow their food allergies?**

Sometimes. Children often outgrow milk, egg, wheat and soy allergies. Peanut, tree nut, fish and shellfish allergies tend to be life-long.

**What can I do if I know someone with a food allergy?**

You can help by learning how people with food allergies avoid allergic reactions. They need to be extra careful because an allergic reaction can be life-threatening. People with food allergies must avoid allergens that may be passed from one food to another. They need to wash their hands before and after they eat.

So, they may ask you questions about food you're serving and if the utensils have been used for other foods. Or they may ask you to wash your hands after you've prepared a food or eaten a food that may contain allergens.

They must read food labels. A child with food allergies may need your help reading labels to eat safely. Find out what to do in case of an allergic reaction. Be prepared to help someone use their epinephrine auto-injector and call 911. If you are caring for a child, the parents can teach you how to give this medicine.

**How can I tell if I have a food allergy?**

An allergy specialist can diagnose a food allergy. The specialist will diagnose based on symptoms, medical history, a physical exam and test results.



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# Anaphylaxis: Severe Allergic Reactions



## Nearly one in 50 Americans are at risk for anaphylaxis

Some children are allergic to certain foods, medicines, insects and latex. When they come into contact with these things they develop symptoms, such as hives and shortness of breath. This is known as an **allergic reaction**. Things that cause an allergic reaction are called **allergens**. Take all allergic symptoms seriously because both mild and severe symptoms can lead to a serious allergic reaction called **anaphylaxis** (anna-fih-LACK-sis).

## Be Aware of Symptoms of Anaphylaxis

The symptoms of anaphylaxis may occur shortly after having contact with an allergen and can get worse quickly.

You can't predict how your child will react to a certain allergen from one time to the next. Both the types of symptoms and how serious they are can change. So, it's important for you to be prepared for all allergic reactions, especially anaphylaxis.

**Anaphylaxis must be treated right away to provide the best chance for improvement and prevent serious, potentially life-threatening complications.**

Symptoms of anaphylaxis usually involve more than one part of the body such as the skin, mouth, eyes, lungs, heart, gut, and brain. Some symptoms include:

- Skin rashes and itching and hives
- Swelling of the lips, tongue or throat
- Shortness of breath, trouble breathing, wheezing (whistling sound during breathing)
- Dizziness and/or fainting
- Stomach pain, vomiting or diarrhea
- Feeling like something awful is about to happen

Your child's doctor will give you a complete list of symptoms.

## Be Prepared for Anaphylaxis

### Keep an Emergency Plan with You

You, your child, and others who supervise or care for your child need to recognize the signs and symptoms of anaphylaxis and how to treat it. Your child's doctor will give you a written step-by-step plan on what to do in an emergency. The plan is called an allergy emergency care plan or anaphylaxis emergency action plan. To be prepared, you, your child, and others who care for your child need to have copies of this plan.

### About Epinephrine

Epinephrine is the medicine used to treat anaphylaxis. The emergency action plan tells you when and how to give epinephrine. You cannot rely on antihistamines to treat anaphylaxis.

### Know How to Use Epinephrine

Learn how to give your child epinephrine. Epinephrine is safe and comes in an easy-to-use device called an auto-injector. When you press it against your child's outer thigh, it injects a single dose of medicine. Your child's health care team will show you how to use it. You, in turn, can teach people who spend time with your child how to use it.

Always have two epinephrine auto-injectors near your child. Do not store epinephrine in your car or other places where it will get too hot or too cold. Discard if the liquid is not clear, and replace it when it expires.

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For more detailed information and a list of resources, please visit [KidsWithFoodAllergies.org](http://KidsWithFoodAllergies.org).

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## Common Causes of Anaphylaxis

**Foods.** The most common food allergies are eggs, milk, peanuts, tree nuts, soy, wheat, fish and shellfish. The most common food allergies in infants and children are eggs, milk, peanuts, tree nuts, soy and wheat.

**Insect stings** from bees, wasps, yellow jackets and fire ants.

**Latex** found in things such as balloons, rubber bands, hospital gloves.

**Medicines**, especially penicillin, sulfa drugs, insulin and nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin and ibuprofen.

## Know How to Treat Anaphylaxis

- 1 Follow the steps in your child's emergency care plan** to give your child epinephrine right away. This can save your child's life.
- 2 After giving epinephrine, always call 911** or a local ambulance service. Tell them that your child is having a serious allergic reaction and may need more epinephrine.
- 3 Your child needs to be taken to a hospital by ambulance.** Medical staff will watch your child closely for further reactions and treat him or her with additional medicine if symptoms recur.

## After Anaphylaxis

- Sometimes, a reaction is followed by a second, more severe, reaction known as a **biphasic reaction**. This second reaction can occur within 4 to 8 hours of the first reaction or even later. That's why people should be watched in the emergency room for several hours after anaphylaxis.
- Make a follow up appointment or an appointment with an allergy specialist to further diagnose and treat the allergy.

### FOR MORE INFORMATION

For more information about how to avoid allergens and to be prepared to treat them, please visit:

**KidsWithFoodAllergies.org | AAFA.org**

## Take Steps to Avoid Anaphylaxis

The only way to avoid anaphylaxis is for your child to stay away from allergens. Teach your child about his or her allergy in an age-appropriate way. Teach your child to tell an adult about a reaction, how to avoid allergens and how and when to use an epinephrine auto-injector.

Here are some first steps you can take for each type of allergy:

**Food.** Learn how to read food labels and avoid cross-contact. Read the label every time you buy a product, even if you've used it before. Ingredients in any given product may change.

**Insect allergies.** Wear closed-toe shoes and insect repellent when outdoors. Avoid loose-fitting clothing that can trap an insect between the clothing and the skin.

**Medicine allergies.** Tell your doctor about medicines your child is allergic to. Know both the generic and brand names of the medicines.

**Latex allergies.** Tell your doctors, dentists and other health care providers about your child's latex allergy. Ask them to put a note in your child's medical chart about your child's allergy. Also remind them of the allergy before any medical procedure or test.

### For all allergies:

**Educate family, friends, the school and others** who will be with your child about your child's allergies. They can help your child avoid allergens and assist if anaphylaxis occurs.



# FOOD ALLERGY

## Babysitting and Drop-Off Form

Created to help teach friends, family, babysitters and others responsible for the care of children with food allergies

By Michael Pistiner, MD, MMSc, edited by John Lee, MD, of AllergyHome in collaboration with Kids With Food Allergies

**TAKE ALL FOOD ALLERGIES SERIOUSLY ▪ TRACE AMOUNTS OF FOOD CAN CAUSE A REACTION**

**PREVENTION** and **EMERGENCY PREPAREDNESS** are a constant must.

### PREVENTION

#### Read Labels

**Learn How to Read a Label for Food Allergens.\* Read Labels Every Time.**

- Food allergens can be hidden in flavorings, colorings or other additives
- Allergens can be hidden ingredients, e.g. milk in canned tuna
- Ingredients may change without notice

**\*You can learn about U.S. labeling for allergens at [www.fda.gov](http://www.fda.gov).**

#### Cross-Contact

**Cross-Contact is the Presence of Unintended Allergens.**

**Do not share** utensils, dishware, cups, water bottles, or food. Wash dishes, utensils, cups, etc. thoroughly, with soap and water.

**Wash hands** well with soap and water or hand wipes, before eating or touching the face. Hand sanitizers don't work.

**Clean tables and eating surfaces** thoroughly with soap and water, commercial cleaners or commercial wipes. Allergens withstand heating and drying.

**Be aware of other sources of exposure** including: saliva from people or pets, sponges, dishrags, sanitizing buckets, aprons, food that touches the allergen, etc.

### EMERGENCY PREPAREDNESS

- **Epinephrine** is the treatment for a severe allergic reaction.
- **Always have epinephrine auto injectors close by.**
  - Know how to give epinephrine.
  - Know when to give epinephrine.
  - Know where the auto injectors are located.
- **Have a Food Allergy Action Plan** available and review it with the parents.
- **After giving epinephrine, always call 911** or local ambulance service and tell them that a child is having an allergic reaction and may need more epinephrine.

### ▶ IMPORTANT CHILD CARE INFORMATION

**For Emergency dial 911 or local Emergency #:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Child's Address or Current Location: \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_

**Drug Allergies:** \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### QUICK TIPS

**Know where your epinephrine and allergy action plan is located**

**Read all ingredient labels and avoid cross-contact**

**Ask parents about safe foods to give**

**If unsure, do not give the food in question**

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Please note that this is a quick tip sheet and is not all-inclusive. It is intended to augment, not replace, current food allergy training. For more detailed information and a list of resources, please visit [KidsWithFoodAllergies.org](http://KidsWithFoodAllergies.org) or [AllergyHome.org](http://AllergyHome.org). Online training modules can be found at [AllergyHome.org](http://AllergyHome.org).

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