



Icahn School
of Medicine at
Mount
Sinai

Kravis Children's Hospital
Department of Pediatrics

Jaffe Food Allergy Institute
One Gustave L. Levy Place, Box 1198
New York, NY 10029-6574
T 212-241-5548
F 212-241-2655

PEDIATRIC ALLERGY FORMS POLICY

Dear Parents/Guardians,

Here at the Jaffe Food Allergy Institute, we know that Allergy forms are important for keeping your child safe and healthy when away from home. We are happy to assist in completing these forms. To make sure we can complete the paperwork accurately, we ask that you stay up to date with your annual visit. If your child has not been seen within 18 months, please schedule a follow-up visit by calling 212-241-5548. Additionally, please be advised that we receive many form requests, and these forms can be very time- and resource-intensive. As such, please allow us up to 2 weeks (10 business days) to complete your requested forms and note that we cannot guarantee any expedited requests.

The following forms will be completed at no charge:

- Our Emergency Action Plan
- Excuse Absence note
- Return to School note
- Copies of medical records sent to your PCP

The following forms will be completed for a charge:

- School/Daycare Forms – \$25
- College Accommodation Forms – \$25
- Camp Forms – \$25
- 504 Plans – \$25

Instructions:

- **Please submit all school/daycare, college, and camp form requests to AllergySchoolForms@mssm.edu.**
- **Please make sure all forms have your child's name, date of birth, and current weight.**
- Please let us know if you have a preferred antihistamine.
- For older children, please indicate if they are comfortable self-administering epinephrine.
- Once a request has been submitted, you will be charged a fee, and payment can be made online.

Thank you for the privilege of caring for your child.

Sincerely,

Your care team at the Jaffe Food Allergy Institute



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FOOD ALLERGY/ANAPHYLAXIS TREATMENT FORM REQUEST

Due to rising costs, our office is charging \$25.00 for completing each unique school/daycare, college, or camp form (e.g. written Anaphylaxis/Food Allergy treatment form). We will continue to provide you with our own "Emergency Action Plan" form at the time of your visit without charge. To make sure we can complete the paperwork accurately, we ask that you stay up to date with your annual visit. If your child has not been seen within 18 months, please schedule a follow-up visit by calling 212-241-5548. Additionally, please allow us up to 2 weeks (10 business days) to complete your requested forms and note that we cannot guarantee any expedited requests.

Instructions:

- **Please complete all fields below and make sure all forms have your child's name, date of birth, and current weight.**
- Please e-mail this school form request and your child's form(s) to AllergySchoolForms@mssm.edu.
- Once a request has been submitted, you will be charged a fee, and payment can be made online.

Signing below indicates that you understand the terms of this policy:

Child's Name:

Date of Birth:

Current weight:

**please do not skip, as this is important to dose emergency medicines*

Food(s) Avoided

Preferred Antihistamine (*check one*): ☐ Benadryl ☐ Zyrtec

Epinephrine Dose (*check one*): ☐ 0.1 mg ☐ 0.15 mg ☐ 0.3 mg

Intranasal Epinephrine: ☐ 1 mg ☐ 2 mg

Patient is able to self-administer epinephrine independently (*check one*): ☐ Yes ☐ No

Asthma (*check one*): ☐ Yes ☐ No

If yes, asthma medication:

Parent signature:

Date:

This form must be completed, signed, and accompanied by required forms for completion.

All forms can be emailed to AllergySchoolForms@mssm.edu
or faxed to: 212-241-2655

Medical Record#: _____

Physician Name: _____