



FARE

Food Allergy Research & Education

Your Food Allergy Field Guide





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Introduction

Thank you for downloading FARE’s Food Allergy Field Guide, a packet for individuals and families who have been newly diagnosed with food allergies. FARE is the nation’s leading organization working on behalf of the 15 million Americans with food allergy, including all those at risk for life-threatening anaphylaxis. FARE is committed to providing all those affected by food allergies with the resources and tools they need to live well with food allergies.

Within this packet, you’ll find content from our “Managing Food Allergies: What You Need to Know” brochure, a checklist for getting started, a copy of FARE’s Food Allergy & Anaphylaxis Emergency Care Plan, information on food labels, tips for avoiding allergens and cross-contact, advice about dining out with food allergies, frequently asked questions and much more.

A food allergy diagnosis is life-altering. We are here to help. These educational materials, along with the extensive resources on our website, www.foodallergy.org, are designed to equip you with the knowledge you need to effectively manage food allergies.

The information provided here is designed to support, not replace, the relationship that exists between a patient and his/her existing physician. Always be sure to consult your doctor for specific questions.

Let’s get started!





A Checklist for Getting Started

A food allergy diagnosis is life-altering. There is a lot to learn, and it can be tough to know where to start. This field guide checklist can help point you toward important information and resources that will help you learn more about managing food allergies.

Educate Yourself

- FIRST STEP: Read all of the information in this Food Allergy Field Guide, starting with the Managing Food Allergies section.
- Carry the Tips for Avoiding Your Allergen sheet with you to help with reading labels or asking about ingredients.
- Visit the FARE website at www.foodallergy.org to learn more about food allergies and strategies for staying safe.
- FOR PARENTS: Know your child's food allergies inside and out so you can communicate their needs to caregivers.

Be Prepared

- FIRST STEP: Fill your prescription for epinephrine auto-injectors. Learn how to use an epinephrine auto-injector and practice by using a trainer. Teach family members and friends how to use the auto-injector.
- Put a reminder on your calendar about refilling your prescription before the epinephrine auto-injector's expiration date.
- FOR PARENTS: Help your child understand their allergies and teach them to ask questions about ingredients and any food being served.

Have a Plan

- FIRST STEP: Fill out the enclosed Food Allergy & Anaphylaxis Emergency Care Plan with your doctor.
- Order medical identification to make emergency responders aware of your or your child's food allergies. Learn more at www.medicalert.org/fare.
- FOR PARENTS: Make sure your child has a food allergy management plan in place at their school or child care facility.

Get Connected and Stay Informed at FoodAllergy.org

- Sign up for FARE's regular email updates and alerts for food-allergy-related product recalls.
- Search for a local support group on the FARE website.
- Keep up-to-date by attending FARE's free monthly webinars or attending our Annual Conference.
- Become a member of FARE. You can join online at www.foodallergy.org/membership.
- Join our social media communities on Facebook, Twitter, Pinterest and more. You can find links to these groups at www.foodallergy.org.
- Sign up for FARE's Advocacy Action Center to help us pass critical legislation. Join at www.foodallergyadvocacy.org.
- FOR PARENTS: Encourage your teen to follow FARE's teen blog at foodallergyteens.tumblr.com.





Managing Food Allergies: What You Need to Know

Food allergies are serious, but you can manage them with help from your allergist and others. This packet will help you learn more about the disease so that you can be prepared, stay safe and live well with food allergies.

What Is a Food Allergy?

A food allergy is when your body's immune system reacts to a food protein because it has mistaken that food protein as a threat.

The food you are allergic to is called a "food allergen." The response your body has to the food is called an "allergic reaction."

People can be allergic to any food, but eight foods cause most food allergy reactions in the U.S. They are: milk, egg, peanuts, tree nuts (such as walnuts or pecans), wheat, soy, fish, and shellfish (such as lobster, shrimp or crab).

What Is the Difference Between a Food Allergy and a Food Intolerance?

Unlike a food intolerance, food allergies involve the immune system and can be life-threatening. With a food allergy, your immune system makes too much of an antibody called immunoglobulin E (IgE). IgE antibodies fight the "threatening" food allergens by releasing histamine and other chemicals. This chemical release causes the symptoms of an allergic reaction.

A food intolerance is when your body has trouble digesting a food. It can make you feel badly, usually with an upset stomach or gassiness, but it is not life-threatening. The most common intolerance is to lactose, which is a natural sugar found in milk.



Are Allergic Reactions Serious?

Yes. Allergic reactions can range from mild to very serious. The most dangerous reaction is called anaphylaxis (pronounced an-uh-fil-LAX-is). Anaphylaxis is a severe allergic reaction that happens quickly and may cause death.

Anaphylaxis can affect several areas of the body. It can make it hard to breathe and make it hard for your body to circulate blood. The first-line treatment for anaphylaxis is a medicine called epinephrine.

Carefully avoiding problem foods is the only way to prevent allergic reactions.

Not All Reactions Are the Same!

You can still have a life-threatening reaction to your problem food, even if you have never had a serious reaction before. Past reactions do not predict future reactions!





Avoid Problem Foods

Even a trace amount of a problem food can cause a serious reaction. Learn how to find your problem foods in both obvious and unexpected places.

- **Read every label, every time.** Ingredients in packaged foods may change without warning. Check ingredient statements every time you shop. Even the same product from the same company can have different warning labels. If you have questions, call the manufacturer.

Federal law requires packaged food labels to list when one of the top eight food allergens is an intended ingredient. The top eight food allergens are: milk, egg, peanuts, tree nuts, wheat, soy, fish, and shellfish. Read more about this law and tips for avoiding unintended ingredients at www.foodallergy.org/food-labels.

- **Be mindful of cross-contact.** Cross-contact happens when a food that is an allergen comes into contact with a safe food and their proteins mix. As a result, each food contains small amounts of the other food. These amounts are so small that they usually can't be seen. One example of cross-contact is when the same utensil is used to serve a food that contains an allergen and a safe food.

Cross-contact can happen in restaurants, school cafeterias, home kitchens, or anywhere that an allergen may be present. Get more tips for avoiding cross-contact at www.foodallergy.org/cross-contact.



Plan Ahead

No matter how hard you try to avoid food allergens, accidents will happen. These simple steps go a long way in being prepared for an allergic reaction.

1. **Always carry your epinephrine auto-injector.** Epinephrine is the only medicine that can stop life-threatening reactions. Carry your epinephrine auto-injector with you at all times and check to make sure it has not expired, is kept at a safe temperature, and that it has not been damaged.
2. **Fill out a Food Allergy & Anaphylaxis Emergency Care Plan with your allergist.** These plans tell you and/or those who care for your child how to recognize and respond to an allergic reaction. Sample plans can be downloaded from FARE's website in both English and Spanish (www.foodallergy.org/downloads).
3. **Know your plan and share it with others.** Make sure everyone who knows you understands what to do in case of an emergency. Keep your Food Allergy & Anaphylaxis Emergency Care Plan in a place where others can find it. For parents, give your child's plan and medicines to their school or preschool as soon as possible.
4. **Wear medical identification.** Medical IDs will help protect you or your loved one—at home or wherever you may be during an emergency.

Safety First!

Never take a chance by trying "just a bite" of a food that may contain your allergen. Even a tiny amount can put your life at risk.





Recognize & Treat a Reaction

Seconds matter! It is important to be able to quickly recognize and treat an allergic reaction. Work with your allergist to know what to look for and how to respond. Have them fill out a Food Allergy & Anaphylaxis Emergency Care Plan for you.

What will a reaction look like?

Food allergy reactions are hard to predict. The last reaction a person had could look nothing like the next one.

The first symptoms usually appear between a few minutes and two hours after exposure to a food allergen, but they can also begin later.

Symptoms can affect many different parts of the body. The symptoms can be mild (itchy nose or a few hives), but they can also be severe (trouble breathing, repetitive vomiting, weak pulse, etc.). Find a complete list of symptoms at www.foodallergy.org/symptoms.

In some food allergy reactions, after the first symptoms go away, a second wave of symptoms can start one to four hours later. This is called a biphasic reaction.

How do I treat an allergic reaction to food?

Anaphylaxis should always be treated with an injection of epinephrine (see pages 6-7 for more information). Antihistamines can be used to relieve mild allergy symptoms, but they cannot control anaphylaxis, and they should never be given as a substitute for epinephrine. Mild symptoms can quickly turn into a life-threatening reaction. Anyone having a reaction to a food allergen should be monitored closely.



Give Epinephrine for a Serious Reaction

Epinephrine is a type of adrenaline. It helps reverse the symptoms of a severe reaction. It is considered a very safe medicine. There are currently three types of epinephrine auto-injectors available in the U.S. Have your doctor train you to use the device you want and practice with a trainer (a device that does not have a needle or medicine in it). Instructions for using each auto-injector are included on page 11 of this field guide, and more information is available at www.foodallergy.org/epinephrine.





After Using Epinephrine

After you use an epinephrine auto-injector:

- 1. Call 911 immediately!** An epinephrine auto-injector buys time, but it is important to receive follow-up treatment as soon as possible. An ambulance can provide treatment on the way to the hospital.
- Tell the 911 operator:
 - Epinephrine has been given for a suspected food allergy reaction.
 - Send an ambulance that has epinephrine on board.
- Lay the person flat and raise their legs. If their breathing is difficult or they are vomiting, have them sit up or lie on their side.
- If symptoms do not get better, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Have the ambulance take the person to the Emergency Room. They should stay there for at least 4 hours to make sure symptoms do not return.

You will also need to make a follow-up appointment with an allergist as soon as possible. Be sure to:

- Bring the used epinephrine auto-injector(s) to be safely thrown away.
- Describe how the reaction happened.
- Get a prescription to replace your used auto-injector(s).

Three Important Things You Should Know

- 1) Allergic reactions are unpredictable. How severe the reaction is, and which symptoms you get, can change from one reaction to the next.**
- 2) It's vital to always carry your epinephrine auto-injector with you. In the case of severe reaction, minutes can make a difference.**
- 3) Know the possible symptoms of an allergic reaction, and know how and when to use your epinephrine auto-injector.**



**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following foods: _____








THEREFORE:

If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

FOR ANY OF THE FOLLOWING:





SEVERE SYMPTOMS

 LUNG Short of breath, wheezing, repetitive cough	 HEART Pale, blue, faint, weak pulse, dizzy	 THROAT Tight, hoarse, trouble breathing/swallowing	 MOUTH Significant swelling of the tongue and/or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	<p>OR A COMBINATION of symptoms from different body areas.</p>

↓ ↓ ↓

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy/runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea/discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: 0.15 mg IM 0.3 mg IM

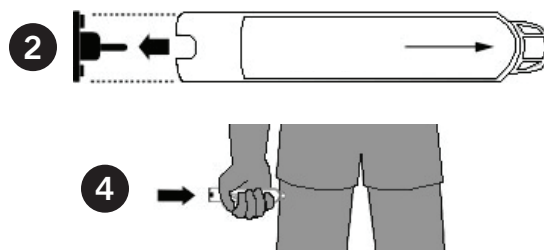
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

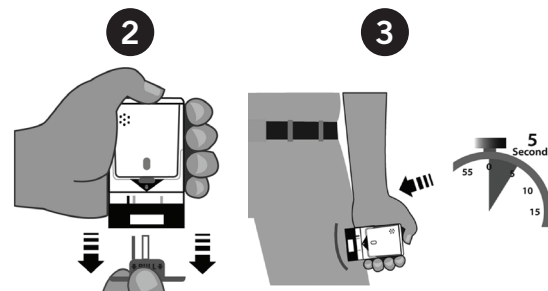
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE _____

DATE _____



Understanding Food Labels

The only way to prevent a serious allergic reaction is to avoid the food allergen.

Reading every food label, every time is one of the best ways to keep you or your loved one safe. Many people who are managing food allergies use the “Rule of 3” for reading ingredient labels—read the label at the store, when unloading your groceries, and before serving the food—to triple-check that a food is safe. Others use a system of colored stickers on foods in the pantry or refrigerator to indicate that an adult has read the ingredient label and determined whether the food is safe or contains the allergen.

There are a variety of approaches that can work, and laws like the Food Allergy Labeling and Consumer Protection Act (FALCPA) help make it easier to understand food labels so that you can safely manage your or your child’s food allergies.

What is FALCPA?

This law requires that food labels show in plain English when a “major food allergen” or any ingredient that contains protein from a major food allergen is added as an ingredient in that product.

What foods have to be labeled?

Imported (when sold in the United States) or domestic (made in the United States) pre-packaged foods are required to have a label that lists the major food allergens when they are intentionally added as an ingredient, or when any ingredient contains protein from one of the major food allergens.

Which foods are considered major food allergens under FALCPA?

The U.S. Food and Drug Administration (FDA) considers the following foods major food allergens: milk, wheat, egg, peanuts, tree nuts, fish, crustacean shellfish, and soy. These foods account for 90 percent of food allergy reactions in the United States.

How do the labels show the major food allergens?

Manufacturers have two options to indicate a major food allergen on product labels. The first option is to list the allergen in parentheses after the ingredient. The second option is to list the allergen at the end of the ingredient list. Often this “Contains” statement is bolded. See the box below for examples of these two options.

Example 1: *Ingredients: Whey protein (milk), lecithin (soy), cherry, sugar, natural flavors (almond), salt.*

Example 2:

Ingredients: Whey protein, lecithin, cherry, sugar, natural flavors, salt.
Contains: Milk, soy, and almond.

Does the label have to include the “Contains” statement at the end with the major allergens bolded?

No. The “Contains” statement is one of two options that food manufacturers have for listing the presence of major food allergens.



Does the label have to declare “traces” of peanut, milk or other allergen that have come about through processing?

No. FALCPA applies to ingredients that are intentionally added to processed food products. Precautionary warnings or advisory statements (e.g., “May contain...”, “Processed in a facility with...”) are voluntary. A manufacturer does not have to warn you that there may be unintentional traces of an allergen due to cross-contact during processing.

Should we avoid products with precautionary warnings (e.g., May contain...)?

Most allergists recommend avoiding these products. Studies have shown that some of the products actually do contain allergens in amounts significant enough to cause an allergic reaction.

If a product does not have a precautionary warning, does that mean the product is safe to consume?

Not necessarily. Manufacturers are not required to warn you if the product is processed on lines or in a facility with any other food.

What foods are not covered by FALCPA?

FALCPA does not apply to fresh meats, fresh fruits and vegetables. Restaurant foods that are placed in a wrapper or carry out box for an individual customer order are exempt. Highly refined oils (even if they are derived from a major allergen, such as peanut or tree nut) are also exempt.

Is shellfish considered a major allergen?

Only crustacean shellfish (e.g. shrimp, crab, lobster) is considered a major allergen. The FDA does not consider molluscan shellfish (scallops, clams, mussels, and oysters) to be a major allergen, so these types of shellfish do not have to be declared on food labels.

Do the specific types of nuts, fish or shellfish have to be indicated on the label?

Yes. The specific type of fish (e.g., tuna, salmon), crustacean shellfish (e.g., shrimp, crab) or tree nut (e.g., cashew, walnut) must be declared.

Do all foods need to be declared on food labels?

No. The only foods that have to be declared are those the FDA considers major food allergens: milk, wheat, egg, peanuts, tree nuts, fish, crustacean shellfish, and soy, or ingredients that contain proteins from these foods.

Do major food allergens contained in dyes (food coloring), spices, flavorings, additives and processing aids have to be listed on labels?

Yes. If these ingredients contain a major food allergen, the allergen must be indicated on the label.

What about food from bakeries, delis, etc.?

FALCPA does not apply to foods placed in a container or wrapper for a customer’s individual order, such as food from a bakery or a sandwich from a restaurant.

How can consumers find out about other allergens such as sesame, kiwi, mustard and others?

Other food ingredients may or may not be declared on the label. Consumers can call the manufacturer and ask if a product contains their allergen(s). In some cases, food manufacturers may prefer not to disclose their ingredients or recipes.



For more information, visit:
www.foodallergy.org/food-labels





Tips for Avoiding Your Allergen

- All FDA-regulated manufactured food products that contain a “major food allergen” (milk, wheat, egg, peanuts, tree nuts, fish, crustacean shellfish, and soy) as an ingredient are required by U.S. law to list that allergen on the product label. For tree nuts, fish and crustacean shellfish, the specific type of nut or fish must be listed.
- Read all product labels carefully before purchasing and consuming any item.
- Be aware of unexpected sources of allergens, such as the ingredients listed below.
- *Note: This list does not imply that the allergen is always present in these foods; it is intended to serve as a reminder to always read the label and ask questions about ingredients.



For a Milk-Free Diet

Avoid foods that contain milk or any of these ingredients:

butter, butter fat, butter oil, butter acid, butter ester(s)	lactalbumin, phosphate	<i>solids, whole</i>
butter milk	lactoferrin	milk protein hydrolysate
casein	lactose	pudding
casein hydrolysate	lactulose	Recaldent®
caseinates (<i>in all forms</i>)	milk (<i>in all forms, including condensed, cottage cheese</i>)	rennet casein
cheese	<i>including condensed, evaporated, goat's milk and milk from other animals, lowfat, malted, milkfat, nonfat, powder, protein, skimmed,</i>	sour cream, sour cream solids
cream		sour milk solids
curds		tagatose
custard		whey (<i>in all forms</i>)
diacetyl		whey protein
ghee		hydrolysate
half-and-half		yogurt

Milk is sometimes found in the following:

artificial butter flavor	culture and other bacterial cultures	nisin
baked goods	luncheon meat, hot dogs, sausages	non dairy products
caramel candies	margarine	nougat
chocolate		
lactic acid starter		

Keep the following in mind:

- Individuals who are allergic to cow's milk are often advised to also avoid milk from other domestic animals. For example, goat's milk protein is similar to cow's milk protein and may, therefore, cause a reaction in individuals who have a milk allergy.



For a Wheat-Free Diet

Avoid foods that contain wheat or any of these ingredients:

bread crumbs	<i>protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat</i>	semolina
bulgur		spelt
cereal extract		sprouted wheat
club wheat		triticale
couscous		vital wheat gluten
cracker meal	hydrolyzed wheat protein	wheat (<i>bran, durum, germ, gluten, grass, malt, sprouts, starch</i>)
durum	Kamut®	wheat bran hydrolysate
einkorn	matzoh, matzoh meal (<i>also spelled as matzo, matzah, or matza</i>)	wheat germ oil
emmer	pasta	wheat grass
farina	seitan	wheat protein isolate
flour (<i>all purpose, bread, cake, durum, enriched, graham, high gluten, high</i>)		whole wheat berries

Wheat is sometimes found in the following:

glucose syrup	soy sauce	surimi
oats	starch (<i>gelatinized starch, modified starch, modified food starch, vegetable starch</i>)	



For an Egg-Free Diet

Avoid foods that contain eggs or any of these ingredients:

albumin (<i>also spelled albumen</i>)	livetin	vitellin
egg (<i>dried, powdered, solids, white, yolk</i>)	lysozyme	words starting with “ovo” or “ova” (<i>such as ovalbumin</i>)
egg nog	mayonnaise	
glutobulin	meringue (<i>meringue powder</i>)	
	surimi	

Egg is sometimes found in the following:

baked goods	fried rice	meatloaf or meatballs
breaded items	ice cream	nougat
drink foam (<i>alcoholic, specialty coffee</i>)	lecithin	pasta
egg substitutes	marzipan	
	marshmallows	

Keep the following in mind:

- Individuals with egg allergy should also avoid eggs from duck, turkey, goose, quail, etc., as these are known to be cross-reactive with chicken egg.
- While the whites of an egg contain the allergenic proteins, patients with an egg allergy must avoid all eggs completely.



For a Soy-Free Diet

Avoid foods that contain soy or any of these ingredients:

edamame	soy protein (<i>concentrate, hydrolyzed, isolate</i>)
miso	shoyu
natto	soy sauce
soy (<i>soy albumin, soy cheese, soy fiber, soy flour, soy grits, soy ice cream, soy milk, soy nuts, soy sprouts, soy yogurt</i>)	tamari
soya	tempeh
soybean (<i>curd, granules</i>)	textured vegetable protein (TVP)
	tofu

Soy is sometimes found in the following:

Asian cuisine	vegetable gum
vegetable broth	vegetable starch

Keep the following in mind:

- The FDA exempts highly refined soybean oil from being labeled as an allergen. Studies show most allergic individuals can safely eat soy oil that has been highly refined (not cold pressed, expeller pressed, or extruded soybean oil).
- Most individuals allergic to soy can safely eat soy lecithin.
- Follow your doctor's advice regarding these ingredients.





For a Shellfish-Free Diet

Avoid foods that contain shellfish or any of these ingredients:

barnacle	lobster (<i>langouste, langoustine, Moreton bay bugs, scampi, tomalley</i>)	prawns
crab		shrimp (<i>crevette, scampi</i>)
crawfish (<i>crawdad, crayfish, ecrevisse</i>)		
krill		

! Mollusks are not considered major allergens under food labeling laws and may not be fully disclosed on a product label.

Your doctor may advise you to avoid mollusks or these ingredients:

abalone	limpet (<i>lapas, opihi</i>)	sea cucumber
clams (<i>cherrystone, geoduck, littleneck, pismo, quahog</i>)	mussels	sea urchin
cockle	octopus	snails (<i>escargot</i>)
cuttlefish	oysters	squid (<i>calamari</i>)
	periwinkle	whelk (<i>Turban shell</i>)
	scallops	

Shellfish are sometimes found in the following:

bouillabaisse	fish stock	surimi
cuttlefish ink	seafood flavoring (<i>e.g., crab or clam extract</i>)	
glucosamine		

Keep the following in mind:

- Any food served in a seafood restaurant may contain shellfish protein due to cross-contact.
- For some individuals, a reaction may occur from inhaling cooking vapors or from handling fish or shellfish.



For a Peanut-Free Diet

Avoid foods that contain peanuts or any of these ingredients:

artificial nuts	goobers	nut meat
beer nuts	ground nuts	peanut butter
cold pressed, expeller pressed, or extruded peanut oil	mixed nuts	peanut flour
	monkey nuts	peanut protein
	nut pieces	hydrolysate

Peanut is sometimes found in the following:

African, Asian (especially Chinese, Indian, Indonesian, Thai, and Vietnamese), and Mexican dishes	baked goods (<i>e.g., pastries, cookies</i>)	enchilada sauce
	candy (<i>including chocolate candy</i>)	mole sauce
	chili	nougat
	egg rolls	

Keep the following in mind:

- Mandelonas are peanuts soaked in almond flavoring.
- The FDA exempts highly refined peanut oil from being labeled as an allergen. Studies show that most allergic individuals can safely eat peanut oil that has been highly refined (not cold pressed, expeller pressed, or extruded peanut oil). Follow your doctor's advice.
- A study showed that unlike other legumes, there is a strong possibility of cross-reaction between peanuts and lupine.
- Arachis oil is peanut oil.
- Many experts advise patients allergic to peanuts to avoid tree nuts as well.
- Sunflower seeds are often produced on equipment shared with peanuts.
- Some alternative nut butters, such as soy nut butter or sunflower seed butter, are produced on equipment shared with other tree nuts and, in some cases, peanuts. Contact the manufacturer before eating these products.



For a Tree-Nut-Free Diet

Avoid foods that contain nuts or any of these ingredients:

almond	hickory nut	nut pieces
artificial nuts	litchi/lychee/lychee nut	pecan
beechnut	macadamia nut	pesto
Brazil nut	marzipan/almond paste	pili nut
butternut	Nangai nut	pine nut (<i>also referred to as Indian, pignoli, pignolia, pignon, piñon, and pinyon nut</i>)
cashew	natural nut extract (<i>e.g., almond, walnut</i>)	nut butters (<i>e.g., cashew butter</i>)
chestnut	nut meal	nut meat
chinquapin nut	nut meat	nut paste (<i>e.g., almond paste</i>)
coconut*	nut paste (<i>e.g., almond paste</i>)	walnut
filbert/hazelnut		
gianduja (<i>a chocolate-nut mixture</i>)		
ginkgo nut		

Tree nuts are sometimes found in the following:

black walnut hull extract (<i>flavoring</i>)	nut distillates/alcoholic extracts	walnut hull extract (<i>flavoring</i>)
natural nut extract	nut oils (<i>e.g., walnut oil, almond oil</i>)	

Keep the following in mind:

- Mortadella may contain pistachios.
- There is no evidence that coconut oil and shea nut oil/butter are allergenic.
- Many experts advise patients allergic to tree nuts to avoid peanuts as well.
- Talk to your doctor if you find other nuts not listed here.

* Coconut, the seed of a drupaceous fruit, has typically not been restricted in the diets of people with tree nut allergy. However, in October of 2006, the FDA began identifying coconut as a tree nut. Medical literature documents a small number of allergic reactions to coconut; most occurred in people who were not allergic to other tree nuts. Ask your doctor if you need to avoid coconut.



For a Fish-Free Diet

Fish is sometimes found in the following:

barbecue sauce	fish oil	pizza (<i>anchovy topping</i>)
bouillabaisse	fish sauce imitation fish or shellfish isinglass	roe
Caesar salad	lutefisk maw, maws (<i>fish maw</i>)	salad dressing
caviar	fish stock	seafood flavoring
deep fried items	fish flour	shark cartilage
fish flavoring	fish fume	shark fin
fish flour	fish gelatin (<i>kosher gelatin, marine gelatin</i>)	surimi
fish fume		sushi, sashimi
fish gelatin (<i>kosher gelatin, marine gelatin</i>)		Worcestershire sauce

Keep the following in mind:

- If you have fish allergy, avoid seafood restaurants. Even if you order a non-fish item off of the menu, cross-contact of fish protein is possible.
- Asian cookery often uses fish sauce as a flavoring base. Exercise caution when eating this type of cuisine.
- Fish protein can become airborne in the steam released during cooking and may cause an allergic reaction. Stay away from cooking areas when fish is being prepared.





How to Avoid Cross-Contact

What is cross-contact?

Cross-contact happens when one food comes into contact with another food and their proteins mix. As a result, each food then contains small amounts of the other food. These amounts are so small that they usually can't be seen.

Even this tiny amount of food protein has caused reactions in people with food allergies!

The term “cross-contact” is fairly new. Some people may call this “cross-contamination.”

Why don't we use the term cross-contamination?

Cross-contamination usually refers to bacteria or viruses that get on food and make it unsafe to eat. In cross-contamination, cooking the food will lower the chance of a person getting sick.

This is not the same with food allergies and cross-contact. Cooking does not remove an allergen from a food!

The only way to stop you from having a reaction is to avoid the food and carefully clean anything that came in contact with it using soap and water.

Examples of cross-contact

Direct Cross-Contact (allergen was directly applied and then removed)	Indirect Cross-Contact (allergen was not directly applied)
Peeling cheese off a cheeseburger to make it a hamburger	Using the same spatula that flipped a cheeseburger to flip a hamburger
Removing shrimp from a salad	Not washing hands after handling shrimp before making the next salad
Scraping peanut butter off a piece of bread and using it to make a different sandwich	Wiping off—not properly cleaning—a knife used to spread peanut butter before using it to spread jelly

Tips to avoid cross-contact

- Use utensils, cutting boards and pans that have been thoroughly washed with soap and water. Consider using separate utensils and dishes for making and serving safe foods. Some families choose a different color to identify the safe kitchen tools.
- If you are making several foods, cook the allergy-safe foods first.
- Keep the safe foods covered and away from other foods that may splatter.
- If you make a mistake, you can't just remove an allergen from a meal. Even a small amount of cross-contact makes a food unsafe.
- Wash your hands with soap and water before touching anything else if you have handled a food allergen. Soap and water or commercial wipes will remove a food allergen. Sanitizing gels or water alone will not remove an allergen.
- Scrub down counters and tables with soap and water after making meals.
- Do not share food, drinks or utensils. Teach children not to share these when they are at school or with friends.





Dining Out with Food Allergies

When you are dining out with food allergies, planning ahead is important. Follow these tips on what to do before you go out and when you are at the restaurant to have a better dining experience.

Before You Go

Restaurant Selection

- **Ask around.** Your allergist and other individuals and families who manage food allergies may have recommendations. To see if a particular restaurant may be a good choice, check out the website and review the menu in advance. FARE's new restaurant database will launch in 2014.
- **Pick a restaurant that best fits what you can eat.** Avoid riskier choices, which could include:
 - **Buffets.** With a wide variety of foods so close to one another, the risk for accidental exposure and cross-contact is high.
 - **Bakeries.** There is a high risk of cross-contact, since many items are made with common allergens and many are not packaged.
 - **Restaurants that serve pre-made foods.** The staff may not have an accurate list of the ingredients in a pre-made item. Since the dishes are not prepared from scratch, you can't ask the chef to remove the problem ingredient from an item that would otherwise be safe to eat.
 - **Restaurants that are known to use allergens in many dishes.** For instance, peanuts and other nuts are used frequently in Asian cuisines. In ice cream shops, shared scoops increase the risk of cross-contact. If you have a fish or shellfish allergy, it's a good idea to avoid seafood restaurants.
- **Consider chain restaurants,** especially when you're traveling. Each restaurant is likely to use the same ingredients and prepare foods the same way, and a growing number are allergy-aware.
- **Know your options.** If you plan to attend a catered event where the food will be prepared in advance, ask if it's possible to provide an allergy-friendly option.

Prepare for Your Dining Out Experience

- **Call ahead and ask to speak to a manager.** You can find tips and sample questions to use when calling restaurants on our website at www.foodallergy.org/SafeFARE.
- **Timing is everything.** Choose a day and time when restaurant kitchens are not as busy. The best time to dine at any restaurant is during the first hour of a service period. The staff is more alert and attentive, and the kitchen is much cleaner. If possible, plan for an early meal.
- **Bring a chef card.** This wallet-sized card lists your food allergies and states that your food must be cooked in a clean and safe area to avoid cross-contact. You can find online sources for cards in multiple languages, make your own, or download a template on our website.
- **Be prepared.** No matter how carefully you've planned or how safe you feel at a particular restaurant, never leave home without your epinephrine auto-injector and any additional medications, and be sure to wear your medical identification (e.g., bracelet, other jewelry).





At the Restaurant

Communicating with Restaurant Employees

Communication between restaurants and customers with food allergies is essential to a safe dining experience.

- **Talk to everyone.** The restaurant manager and wait staff should know about your food allergy. Remind a manager or the head waiter about your allergies before you are seated. Present your chef card and ask that it be shown to the chef.
- **Ask what is in your dish and how it is prepared.** Make sure your server understands what you are allergic to, and explain that cross-contact must be avoided. Consider speaking to the manager and the chef, just to be sure. Know what procedures a restaurant should follow to keep your food safe.
- **Never be embarrassed if you feel you're not communicating well.** If the wait staff doesn't seem to understand your situation, always trust your gut and seek out another staff member or manager. Sometimes, the safest choice is to avoid eating, enjoy the company of your friends, and find a safe meal somewhere else afterwards.
- **Reward excellent service and build a relationship.** If you have a good experience at a restaurant, tell the staff about it and go back.

Meal Selection

- **Keep it simple.** If you have to ask a lot of complicated questions about the items on a menu, ordering more simple fare—like a baked potato, broiled chicken or steamed vegetables—may be the safest way to go.
- **Avoid fried foods.** Both the grill and the frying oil are ripe for cross-contact; it's best to avoid fried foods unless you know for sure that they are prepared safely.
- **Be very careful when ordering desserts.** Desserts are often a source of unexpected allergens. Since many restaurants order their desserts from specialty shops, the staff may not be able to provide a complete list of ingredients. If in doubt, wait and have a safe dessert at home.



More information on dining out with food allergies is available on the FARE website at www.foodallergy.org/SafeFARE.





Preparing Others to Care for Children with Food Allergies

Working with Schools

Education, planning and cooperation are the keys to managing food allergies at school. Follow these steps to help children with food allergies stay safe and included at school:

1. Educate Yourself

Before planning for your child's care at school, you need to learn everything you can about your child's food allergies, the policies at your child's school and what accommodations you are seeking.

- **Every parent should know and be able to explain:**
 - The foods their child must avoid.
 - The signs of an allergic reaction.
 - The role of epinephrine in treatment.
 - The right way to use an epinephrine auto-injector.
- **Find out as much as you can about your school's approach to managing food allergies.** Many schools have already adopted food allergy management strategies. A good starting point is a local food allergy support group, where you can connect with parents whose children attend schools in your area. You can find a local support group on FARE's website at www.foodallergy.org/support-groups.
- **Learn what practices and accommodations are recommended.** In 2013, the Centers for Disease Control and Prevention (CDC) published "Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs." These national guidelines and other information, including links to state guidelines, can be found on FARE's website.

2. Create a Plan that Keeps Your Child Safe and Included

In addition to a Food Allergy & Anaphylaxis Emergency Care Plan (included in this packet), FARE recommends that parents and schools create a written food allergy management plan. One type of plan is called a 504 Plan.

A 504 Plan (named for Section 504 of the Rehabilitation Act of 1973) is a plan that outlines the accommodations, aids or services that a student with a disability needs in order to use, and fully participate in, a free and appropriate public education.

Children whose food allergy may result in severe, life-threatening reactions (in the opinion of the child's doctor) meet the definition of disability under Section 504.

504 Plans are a legal right in schools that receive federal funding. This includes many private schools. Students who go to private schools that do not take federal monies are covered under the Americans with Disabilities Act and can work with their schools to set up similar plans. Religious schools may be exempt from Section 504, but state laws may apply. Each school should have a 504 Coordinator who can help.

3. Visit Our Website—www.foodallergy.org—For More Information About Managing Food Allergies at School.





Talking to Caregivers

Managing food allergies is a team effort, and babysitters, extended family members and other caregivers are often important members of that team. Educating caregivers and planning ahead will help ensure that your child is safe and included while you are gone. Here are some important steps you can take to prepare caregivers:

- **Explain the allergy, which foods to avoid, and the safety precautions you follow at home.** Be sure to provide enough time for the caregiver to absorb the information. You may want to set up a meeting in the days or week prior to when they will be caring for your child to ensure you have enough time to review everything and they have enough time to ask questions.
- **Carefully explain to the caregiver the symptoms of a food allergy reaction and what to do if a reaction occurs.** Refer them to the food allergy reaction symptoms as described in your Food Allergy & Anaphylaxis Emergency Care Plan (FAAECPP). A magnet listing common symptoms that can be used as a reference on your fridge or another easy-to-access location is available for purchase from FARE's Online Store.
- **Show the babysitter how to use an epinephrine auto-injector, and make sure the sitter is comfortable using it.** Using expired pens or trainers, let the sitter practice on an orange to get a feel for it. Instructional videos for a variety of epinephrine auto-injectors can be found on the FARE website at www.foodallergy.org/treating-an-allergic-reaction/epinephrine.
- **Tell the caregiver to act first and call you later.** Let the caregiver know that the most important thing they need to do in case of a severe reaction is to inject epinephrine and call 911. Let them know that, when in doubt, they should choose to use epinephrine and that you will not be upset at their decision.
- **Make it easy to reach you.** Leave your cell phone number with the caregiver, as well as the number of at least one other person in case you are away from the phone.
- **Explain the dangers of cross-contact and how to avoid it.** Have them read the How to Avoid Cross-Contact sheet in this guide.
- **Teach the caregiver how to read labels.** Make a copy of the Tips for Avoiding Your Allergen sheet in this packet and keep it in the kitchen or in another easily accessible location. Practice reading a few labels with the caregiver.
- **Leave a tray of safe foods that they can give your child while you are out.**
- **Have the caregiver arrive after your child has eaten and is ready for bed.** This strategy is probably the least stressful until you feel comfortable leaving your child with someone else.
- **Put it all in writing.** Keep all important information and instructions together in an easily accessible place, such as a brightly colored binder in the kitchen, and make sure to update it as needed.



More information about working with caregivers is available on FARE's website at www.foodallergy.org/babysitters-and-caregivers.





Food Allergies: Frequently Asked Questions

What is a food allergy?

A food allergy is when your body's immune system reacts to a food protein because it has mistaken that food protein as a threat. Symptoms can range from mild to life-threatening.

What is the difference between food allergy and food intolerance?

Food allergy is sometimes confused with food intolerance. Food allergies involve your immune system and can be life-threatening. An intolerance is when your body has trouble digesting a food. It can make you feel badly, usually with an upset stomach, but it is not life-threatening. The most common intolerance is to lactose—which is a natural sugar found in milk.

What are the most common food allergens?

More than 170 foods are known to cause food allergies, but eight foods account for 9 out of 10 reactions in the United States. They are milk, eggs, peanuts, tree nuts, soy, wheat, fish and shellfish.

What are the symptoms of a food allergy reaction?

An allergic reaction to food can have many different symptoms, and a single person can experience different symptoms from one reaction to the next. Many reactions start with skin symptoms, like hives or a rash, but some do not. More serious symptoms like a drop in blood pressure and trouble breathing can be life-threatening. Talk to your allergist and work with them to fill out the enclosed Food Allergy & Anaphylaxis Emergency Care Plan to be prepared in an emergency. A complete list of symptoms of a food allergy reaction is available at www.foodallergy.org/symptoms.

What is anaphylaxis?

Anaphylaxis is a serious allergic reaction that comes on quickly and may cause death. Early use of an epinephrine auto-injector is the primary treatment for anaphylaxis. A complete list of the symptoms of anaphylaxis and more information are available at www.foodallergy.org/anaphylaxis.

Will antihistamines stop anaphylaxis?

No. While antihistamines can help relieve some mild symptoms from an allergic reaction, such as an itchy mouth or hives, they cannot stop the life-threatening symptoms of anaphylaxis.

How much of a food allergen does it take to cause a reaction?

Even trace amounts of a food allergen can cause a reaction in some people with food allergies. Although ingestion is the primary cause of severe reactions, in some cases, skin contact or breathing in a food protein (e.g., steam from cooking shellfish) can cause symptoms.

How long does it take for a reaction to start after eating a food?

Symptoms usually start as soon as a few minutes after eating a food and as long as two hours after. In some cases, after the first symptoms go away, a second wave of symptoms comes back one to four hours later (or sometimes even longer). This second wave is called a biphasic reaction. The risk of a biphasic reaction is why patients who have a severe reaction should stay at a hospital for four to six hours for observation.



Who is most at risk for a severe allergic reaction to food?

Anyone who has a food allergy can have a severe allergic reaction to food. However, having asthma puts you at higher risk. Fatal outcomes of anaphylaxis include a disproportionate number of teens and young adults, possibly because they take more risks with their food allergies (eating dangerously and delaying treatment).

Can the severity of a person's allergic reactions to food be predicted from his or her previous reactions?

No. Someone whose reactions have been mild in the past may suddenly experience severe reactions that could be deadly.

How many people have food allergies?

As many as 15 million Americans have food allergies, including nearly 6 million children.

Why are food allergies increasing?

The Centers for Disease Control and Prevention have reported a 50 percent increase in the number of children with food allergies since the late 1990s. Many theories have been suggested as to why the number of people with food allergies is growing, but scientific research has not yet found the cause.

Is there a cure for food allergy?

Not yet. Strict avoidance of the food allergen is the only way to prevent a reaction and an epinephrine auto-injector is the only medicine to stop a severe reaction called anaphylaxis.

Can a person outgrow their food allergies?

Peanut, tree nut, fish and shellfish allergies usually are lifelong. Milk, egg, wheat and soy allergies usually begin in childhood and eventually may be outgrown.

If I think I or my child has outgrown an allergy to a food, is it okay to try a small amount of that food?

No. Only your allergist can test for this. For more information on tests for food allergies, visit www.foodallergy.org/diagnosis-and-testing.





Glossary of Food Allergy Terms

The following words and phrases are often used to talk about food allergies.

A

Acute symptoms – Physical signs that begin suddenly or last only a short amount of time.

Adrenaline – A hormone made by the body (also known as epinephrine).

Adverse reactions – An unwanted response to a food (such as a rash, vomiting, etc.).

Allergen – Anything that causes an allergic reaction.

Allergic reaction – An immune system response to something that the body mistakes as a threat.

Anaphylaxis – A serious allergic reaction that comes on quickly and may cause death.

Anaphylactic shock – A symptom of anaphylaxis where there is a severe drop in blood pressure.

Angiodema (or edema) – Swelling of a part of the body.

Antibody – A protein in the blood that is meant to identify and attack foreign objects like bacteria or viruses. In food allergies, these antibodies mistake some food proteins as a foreign object.

Antigen – Anything that causes the immune system to react when it enters the body.

Antihistamine – A medicine used to block the effects of histamine, a chemical that is released during an allergic reaction. Antihistamines do not stop anaphylaxis.

Asthma – A chronic disease of the lungs in which the airways become blocked or narrowed. This blockage can make it hard to breathe. Many people with food allergies also have asthma. Those with both asthma and food allergies are at a higher risk for a severe allergic reaction.

B

Biphasic reaction – An allergic reaction that has two stages. After the first wave of symptoms goes away, a second wave of symptoms comes back one to four hours later. Because of the risk of biphasic reactions, patients who have a reaction requiring epinephrine should stay at a hospital for four to six hours after the initial reaction for observation.

C

Chronic – Happening often or lasting a long time.

Cross-contact – When one food comes into contact with another food and their proteins mix. As a result, each food then contains small amounts of the other food. These amounts are so small that they usually can't be seen. Even this tiny amount of food protein has caused reactions in people with food allergies.

E

Eczema – Also called atopic dermatitis. It is an itchy, red rash usually found at the folds of the elbows and behind the knees. It can cause so much itching that the person may scratch until the skin bleeds. In young children, eczema is sometimes caused by a food allergy.

Eosinophilic Esophagitis (EoE) – A disorder that causes large numbers of eosinophils, a type of white blood cell, to gather in the esophagus (the tube that connects the mouth to the stomach). As a result, the lining of the esophagus becomes inflamed, making it difficult for food to go down. EoE can be triggered by certain foods.

Epinephrine – Also called adrenaline. It is a self-injectable medicine and is the first-line treatment for a severe or life-threatening allergic reaction (anaphylaxis). Epinephrine is a highly effective medicine that can reverse severe symptoms. It must be given quickly when anaphylaxis occurs to be most effective. Delayed use of epinephrine during an anaphylactic reaction has been associated with deaths.





F

FALCPA (Food Allergy Labeling and Consumer Protection Act) – A federal law that took effect January 1, 2006. It requires that the labels of foods containing major food allergens (milk, eggs, fish, crustacean shellfish, peanuts, tree nuts, wheat and soy) note the allergen in plain language.

Food allergy – When the immune system mistakes a food protein as a threat and creates an antibody to that food protein. When the food is eaten again, the immune system releases histamine and other chemicals that cause an allergic reaction.

Food Allergy & Anaphylaxis Emergency Care Plan – A document that outlines the recommended treatment in case of an allergic reaction. It is signed by a physician and includes emergency contact information. It should be on file at school for every student with food allergies, and it is also useful at home, when traveling and for educating caregivers what to do in an emergency.

H

Histamine – One of several chemicals released by the body that causes many of the symptoms of an allergic reaction.

Hives – Mosquito-bite-like bumps that are very itchy and can appear anywhere on the body. Many different things can cause hives, including allergic reactions to food.

I

Immunoglobulin E (IgE) – An antibody created by the immune system that triggers food allergy symptoms.

Intolerance – A reaction to a food that does not involve the immune system. For example, people with lactose intolerance lack an enzyme needed to digest milk sugar. When they eat milk products, they may have symptoms such as gas, bloating and abdominal pain.

O

Oral food challenge – A test used in a clinical setting to confirm or rule out a suspected food allergy by feeding the patient, under an allergist's supervision, very small but increasing amounts of a possible allergen.

R

RAST (radioallergosorbent tests) – A blood test that measures the presence of IgE antibodies to specific foods. The term is antiquated because modern tests are not "RAST" tests. See "Serum test for food-specific IgE." Negative tests usually (not always) indicate that there is no immediate type of allergy, but positive tests do not necessarily indicate an allergy. Tests must be interpreted by your doctor taking into consideration your medical history.

S

Skin prick test (SPT) – A test that measures the presence of IgE antibodies for a suspect food. SPTs are inexpensive, produce immediate results, and can be performed in the doctor's office. Negative tests usually (not always) indicate that there is no immediate type of allergy, but positive tests do not necessarily indicate an allergy. Tests must be interpreted by your doctor taking into consideration your medical history.

U

Urticaria – A medical term for itchy rash or hives.

W

Wheal – A raised white bump surrounded by a small circle of itchy red skin.









Get Involved with FARE

FARE is the nation's leading organization working on behalf of the 15 million Americans with food allergy, including all those at risk for life-threatening anaphylaxis. Our mission is to find a cure for food allergies, and to keep individuals with food allergies safe and included.

FARE works hard to ensure that every dollar raised advances our mission. We work to improve the lives of individuals and families who are managing food allergies in four key areas:

-  **Research**—FARE is the world's largest private source of funding for food allergy research. Based on an ambitious strategic plan developed in consultation with leading experts, FARE-funded research aims to improve understanding of the disease and drive the discovery of safe, practical therapies that will prevent potentially fatal reactions.
-  **Education**—FARE's educational programs and resources help individuals and families across the country and around the world manage food allergies and live safer, healthier lives. A trusted and authoritative source of food allergy information, FARE offers an award-winning website (www.foodallergy.org), free webinars on a wide range of topics, conferences for teens and families, training programs for school personnel and restaurant staff, and much more.
-  **Advocacy**—FARE works to advance key federal, state, and local initiatives, including improving access to life-saving epinephrine, increasing federal funding for research, and establishing food allergy management programs for schools, restaurants and camps.
-  **Awareness**—From producing a ground breaking documentary on food allergies with the Discovery Channel, to securing national media coverage of food allergies, to implementing innovative social media campaigns, FARE heightens awareness of food allergy as a significant and growing public health issue and works to tell the story of this life-altering disease.

Join our movement! You can advance FARE's mission by becoming a member! By joining FARE as a member, you are part of a growing community of individuals who have pledged to make a difference in the lives of those with food allergies.

Choose to stand with the 15 million Americans with food allergies and enjoy great member benefits, including FARE's quarterly e-newsletter and discounts on our educational conferences and products. Visit www.foodallergy.org/membership to become a member today!

In addition to membership, there are many other ways of getting involved:

- FARE WALK for FOOD ALLERGY events take place nationwide. Attend your local walk, organize a team with friends, family or co-workers, and help us say FAREwell to food allergies!
- The FARE Advocacy Network helps you make your voice heard! Join today to keep informed about important legislative developments and to show your legislators you support life-saving initiatives at the federal, state and local levels.
- Team FARE offers a great option for personalized online fundraising campaigns, whether you are participating in a marathon or other athletic challenge, or creating a FARE personal fundraising event for a birthday, anniversary, memorial or other non-athletic event.

Please visit the "Get Involved" section of our website, www.foodallergy.org, to learn more!



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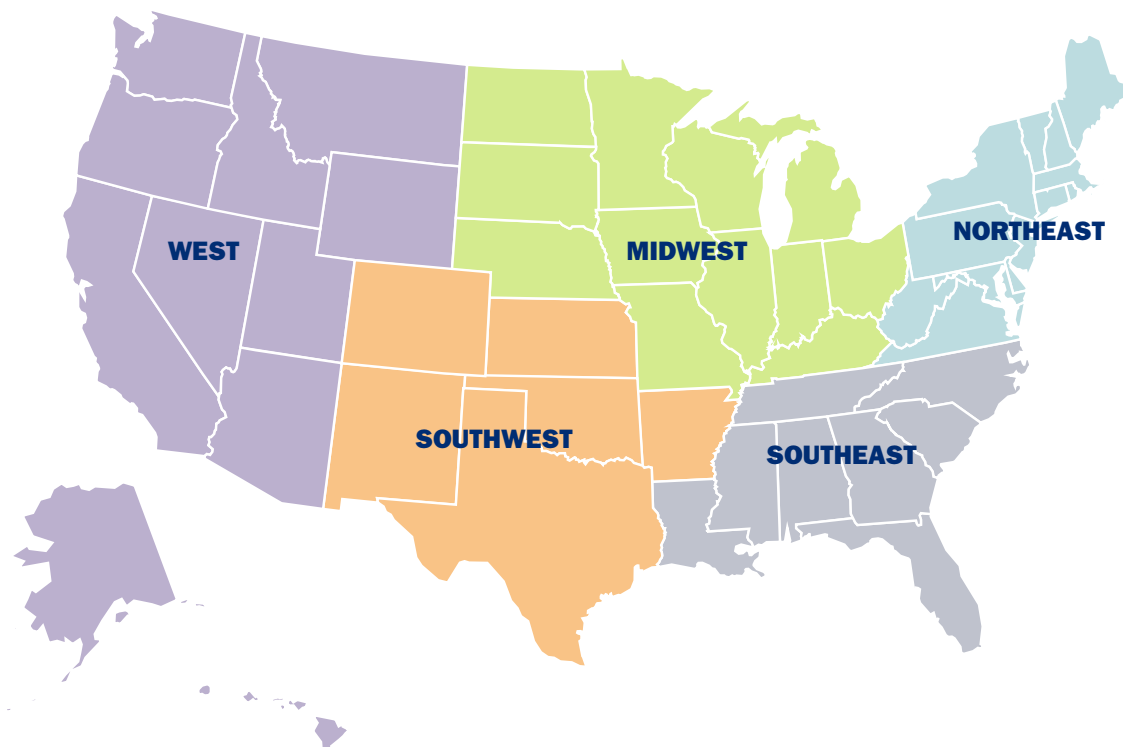
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More Food Allergy Resources

When you are new to food allergies, there is a lot to learn. FARE can help! Check out these key resources on our website to learn more about living well with food allergies and the latest advancements in food allergy research.



Information on Specific Allergens

Although nearly any food is capable of causing an allergic reaction, in the United States, 8 foods account for 90 percent of all food allergy reactions. Our website offers a more in-depth look at each of these common food allergens, as well as other allergens, and provides guidance for avoiding ingredients that contain these food proteins.

Learn more at www.foodallergy.org/allergens.



Managing Food Allergies at...

Learning how to create a safe environment is important. In our Managing Food Allergies At... section, you'll find resources about making these environments safe and inclusive:

- School
- Camp
- Home
- College
- Work
- Dining out
- Traveling

Visit www.foodallergy.org/managing-food-allergies.



Resources for...

FARE has a variety of resources designed to help individuals, families and communities stay safe and live well with food allergies. In our Resources For... section, you can find tips for:

- Newly Diagnosed
- Parents
- Kids
- Teens
- College Students
- Adults
- Healthcare Providers
- Schools, Camps and Child Care Facilities
- Colleges & Universities
- Restaurants and Food Manufacturers

Visit www.foodallergy.org/resources-for.



Emotional and Social Impact

Sometimes, it can seem like life is all about managing food allergies. If you or your child has just been diagnosed or recently had an anaphylactic reaction, you may be having an especially tough time. Whether you have a food allergy or care for someone who does, it is important to take care of your mental and emotional well-being.

Find tips at www.foodallergy.org/emotional-and-social-issues.



Support Groups

Meeting other individuals and families who are managing food allergies and sharing experiences and support can be incredibly helpful.

Find a support group in your area by visiting www.foodallergy.org/support-groups.



Become an Advocate

The FARE Advocacy Network helps you make your voice heard. Keep informed about important legislative developments and show your legislators you support life-saving initiatives at the federal, state and local levels.

Sign up at www.foodallergyadvocacy.org.



Advancing a Cure

FARE invests in world-class research that focuses on increasing our understanding of food allergies and developing therapies that can protect against life-threatening reactions.

Learn more at www.foodallergy.org/research.





Acknowledgements

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