

**Managing Allergies**  
**Henrico County Public Schools**  
 Revised 2010



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<p style="text-align: center;"><b>Quick Guide to Managing Allergies in School</b></p> <p>Key: √=ensure process, *=individualized</p>	Parent	Student	Principal	Nurse	Teacher	Cafeteria	Transportation	School Counselor	Coach / resource
Notification- provide signed <i>Allergy Emergency Action Plan</i> , medication orders, and permission to consult with the provider regarding this medical issue on a yearly basis. Also provide updated contact information.	√								
Review of documents- review new health histories, review the previous years' health plan, and request referrals.				√					
Collaborate in the development of the <i>Allergy Health Plan</i> .	√	*	√	√	√	√	√	√	√
Implement the <i>Allergy Action Plan</i> and <i>Health Alert</i> as written and provide/read health alert that shall be given to teachers, 504 School Coordinator/counselor, principal, social worker, cafeteria manager, and other pertinent staff.			√	√	√	√	√	√	√
Medication- Provide the child and/or school with an epinephrine pen or auto injector (per physician's order, must not be expired)- two are preferred.	√								
Educate the child about unsafe allergens, avoiding exposure, the no-share rule, recognition of symptoms, telling an adult in an emergency, how to read labels, how to advocate for oneself.	√		√	√					√
School related activities- provide a list of after school activities, field trips or bus changes as needed (to all who need to know).	√	*	√		√		√		√
Emergency Communication- two-way device available at all times and used as soon as possible of any medical issues or changes in the child's medical status (allergies, triggers, warning signs, etc). Call 911 when needed.	√		√	√	√		√		√
Substitute folder should list all health concerns and treatments pertinent to the student population in an obvious location within the classroom and clinic. Ensure substitute knowledge.			√	√	√	*	*		√
Training- at least two staff members shall be certified in first aid (includes administration of epinephrine) and CPR annually. Annual epinephrine demonstration is provided to staff.			√	√	√	√	√	√	√

<p style="text-align: center;"><b>Quick Guide to Managing Allergies in School</b></p> <p>Key: √=ensure process, *=individualized</p>	Parent	Student	Principal	Nurse	Teacher	Cafeteria	Transportation	Counselor	Coach / resource
<p>Accommodations/Modifications- collaboratively determine best seating, enforce “no sharing rule”, prohibit food on bus and in classroom (some exceptions may apply), collaboratively plan for parties, field trips, holidays, review art supplies for allergens. Labs, dietary considerations, vending machines.</p>	√	√	√	√	√	√	√	√	√
<p>Emergency Preparedness- create a plan for the unexpected or building emergency. Provide access to a first aid kit and two-way communication device. Ensure two employees are trained to provide treatment and attend annual training.</p>	√	√	√	√	√	√	√	√	√
<p>Environment- is reflected in health plan, food should be restricted to cafeteria unless prior notice or plan is given to parent, frequently contaminated surfaces are washed with warm sudsy water. Ensure the least restrictive acceptable environment.</p>	√	√	√	√	√	√	√	√	√
<p>Equal Access- Free Appropriate Public Education (FAPE) allows students the Least Restrictive Environment (LRE) to the maximum extent appropriate (safety is paramount). Intervene if appropriate physical environment is causing social exclusion. Educate parents about 504 plans and/or IEPs if necessary.</p>	√	√	√	√	√	√	√	√	√
<p>Section 504- Advise and provide parents a copy of the Section 504 Procedural Safeguards (available on page 19 of this document). Document parents’ receipt.</p>				√				√	
<p>Consider- referring the child to the Child Study Team if the child’s condition is not manageable in the typical school environment. Remember- projects, field trips, parties, snack time, holidays, specialty classes, clubs, after school events.</p>	√		√	√	√	√	√	√	√

## Managing Allergies in Schools

Each year, millions of Americans have allergic reactions to latex, food (most common food allergens: milk, eggs, fish, crustacean shellfish, tree nuts, peanuts, wheat, soybeans), bee stings, and other allergens. This plan does not apply to typical respiratory allergies such as hay fever, or allergic rhinitis. Although most allergic responses are mild, some can cause death, especially when it coincides with other respiratory conditions (like asthma, which requires its own health plan). It is often difficult to determine how severe an allergic response will be or when it will become life threatening. Health prevention, health promotion, early recognition and management of allergic reactions in the school setting are important measures to prevent anaphylactic shock and its consequences. The following information is to be used as a **guide** to assist in minimizing the chance of a reaction in the school. **Each parent, school, child, and health team should collaborate and come to consensus to determine the most appropriate plan.**

### Symptoms

Any allergic reaction can involve one or more of the following:

- Hives
- Flushed skin or rash
- Tingling or itchy sensation in the mouth
- Face, tongue, or lip swelling
- Vomiting and/or diarrhea
- Abdominal cramps
- Coughing or wheezing
- Dizziness and/or lightheadedness
- Swelling of the throat and vocal cords
- Difficulty breathing
- Loss of consciousness

### Medications

All medications will be provided as described in the Henrico County Medication Policy and will be accompanied by a *Food Allergy Emergency Care Plan*. The Epi-pen® and the Twin Jet® are the most common emergency medications given to children during an anaphylactic reaction and must be replaced by the parent every year before expiration. Doctors may also prescribe inhaled and oral medications. When in doubt, it is better to give epinephrine and seek medical attention. Fatalities occur when epinephrine is withheld.

### Plan of Action

A physician must assess the threat and diagnose the student for a health plan to be implemented in the school environment. “The Code of Virginia (22.1-1) permits a student with a diagnosis of asthma or anaphylaxis, or both, to possess and self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be, during the school day, at school-sponsored activities, or while on a school bus or other school property. Additionally, consent to speak with the health care provider who has written the plan must be made available to the school health team member to effectively carry out the written medical orders.” This must be carried out with (1) parental consent, (2) Written notice from the student's primary care provider

that (i) identifies the student; (ii) states that the student has a diagnosis of asthma or anaphylaxis, or both, and has approval to self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be, that have been prescribed or authorized for the student; (iii) specifies the name and dosage of the medication, the frequency in which it is to be administered and certain circumstances which may warrant the use of inhaled asthma medications or auto-injectable epinephrine, such as before exercising or engaging in physical activity to prevent the onset of asthma symptoms or to alleviate asthma symptoms after the onset of an asthma episode; and (iv) attests to the student's demonstrated ability to safely and effectively self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be. (3) Must have a health plan, (4) Consultation with parents before allowing self-administration, restricting or limiting use of the epinephrine, (5) see Virginia School Health Guidelines and Guidelines for Specialized Health Care Procedure Manuals for administration directions, (6) abide by FERPA, (7) this permission must be granted every school year.

### **Student Responsibility**

- Know what you are allergic to and avoid allergens.
- Understand the symptoms of an allergic response.
- Notify an adult if you suspect an exposure to an allergen.
- Notify an adult if allergy symptoms appear.
- Do not eat foods if you are unaware of the ingredients.
- Do not share food or trade food.
- Wash hands before and after eating.
- Notify those around you of your special needs.
- Ask friends to assist with preventing an exposure.
- Report teasing or harassment.
- Carry your epinephrine if appropriate.
- Wear emergency bracelet.

### **Parent Responsibility**

- Notify the Registered Nurse prior to the beginning of the new school year and of any medical changes (allergies, triggers, warning signs, etc.) during the year.
- Meet with those needed to carry out your child's *Allergy Action Plan* (i.e.: student, parent, teachers, cafeteria manager, cafeteria monitor, bus driver, coaches, and others who need to know about the child's allergies, make provisions for safe art supplies and science labs, review vending machine options, etc.)
- Provide the school with emergency contact information (cell, work, home, pager, email, others) and update this as needed.
- Provide the nurse with a signed *Allergy Action Plan*, medication orders, and permission to consult with the provider regarding this medical issue. This is required on an annual basis.
- Provide the child or school with epinephrine (per physician's order, must not be expired)-two are preferred.
- Provide a medical alert bracelet for your child.
- Educate your child in the self-management of their food allergy including: unsafe allergens, avoiding exposure, symptoms, telling an adult in an emergency, how to read labels.
- Encourage your child to advocate for him/her self.

- Provide a list of all allergens that are severe.
- Provide a list of safe foods for the classroom teacher.
- Provide a list of after school activities or bus changes as needed.
- Encourage your child to pack lunch with safe foods from home (even vending products may contain allergens).
- Work with the teacher to create a plan for unexpected food (treats).
- May request that information be provided to the classmates of the child with allergies.
- Request Child Study Meeting if the student needs rise to the level of 504 consideration.

### **School Nurse**

- Identify all students with allergies by reviewing health histories that are submitted each year, reviewing the previous year health plan, and by individual parent notification. Provide a copy of the Section 504 Procedural Safeguards (on *Health History Form*) to parents who indicate their child has an allergy requiring emergency treatment on the *Health History Form*. Document the date it was provided to the parent.
- Meet with those needed to carry out the plan (i.e.: student, parent, teachers, cafeteria manager, cafeteria monitor, bus driver, coaches, and others who need to know about the child's allergies).
- Implement the *Allergy Health Plan*, which includes: student name, allergen, symptoms, prevention, and emergency response. **911 will be called immediately if epinephrine is administered to the student.**
- Provide a written health alert to the student's teachers, 504 coordinator/counselor, principal, social worker, psychologist, special education coordinator and other pertinent staff (include cafeteria manager if food allergy).
- Document all attempts to communicate with parents regarding the child's health plan on the child's health record.
- Provide emergency training to the school staff on an annual basis and include all information that is outlined below.
- Provide a substitute folder that lists all health concerns and treatments pertinent to the student population in an obvious location within the clinic.
- Follow the emergency response plan during emergencies and drills (i.e. Fire drills-take all emergency medications outside).
- Request Child Study Meeting if the student needs rise to the level of 504 consideration.

### **School Administrator**

- Mandate and schedule annual allergy training and track attendance.
- Ensure a two-way communication device is provided between rooms and clinic.
- Ensure substitutes are aware of medical issues within their classroom.
- Include life-threatening allergies in the crisis plan.
- Work with parent, cafeteria manager, student, and the nurse to determine the best seating accommodations in the cafeteria if needed.
- Ensure that frequently used surfaces are cleaned appropriately between meals. Surfaces should be washed vigorously with a clean cloth and warm soapy water- do not cross contaminate.
- Ensure that health plans are effective, safe, and provide equal access to education.
- Ensure at least two staff members are trained in CPR and First Aid and report their names to School Health Services.

- Ensure that all students return updated health history and current phone numbers and back up numbers each year and as needed.
- Discourage food (or other allergens) from being used as a reward, eaten in the classroom, or used for teaching purposes.
- Help parents and teachers understand the right to equal access within the school setting.
- Request Child Study Meeting if the student needs rise to the level of 504 consideration.

### **Classroom Teacher**

- Participate in the development of the child's *Allergy Health Plan*.
- Know all of your student's health conditions.
- Notify the clinic/RN if you have a field trip and identify the person who will be responsible for carrying and administering medication on the field trip. Ensure a communication device is on the field trip. Ensure someone on the field trip is trained for your class's needs.
- Ensure a trained person attends all functions where the student is present.
- Provide a substitute folder that lists all health concerns and treatments pertinent to your student population in an obvious location within the classroom.
- Parents may request that you send home a letter to the classroom indicating that a child within the class has significant allergies. If requested, the letter is sent home at the beginning of the school year and outlines the allergies that should be avoided. (See template)
- Inform parents of any events where food will be served and monitor and communicate ingredients.
- Follow the *Allergy Health Plan* as written.
- Enforce a no sharing food rule.
- Teach and enforce proper hand hygiene.
- Educate students on civil rights issues throughout the school year (bullying, isolation, harassment, etc.).
- Do not allow students experiencing symptoms of severe medical issues attend to the clinic alone.
- Review your Crisis Plan and guidelines for phoning 911 before the start of school and on an ongoing basis.
- Report to principal if commonly touched surfaces are not wiped daily.
- Refrain from using food (or other allergens) as a reward, in the classroom, and for teaching purposes. Parents and students must be notified in advance in the case of such events. This is especially important when students change classrooms.
- Notify Cafeteria Monitor of food allergies (students with food allergies should not be assigned "helper duties" in the cafeteria).
- Request Child Study Meeting if the student needs rise to the level of 504 consideration.

### **Cafeteria Monitor**

- Ensure that students within the allergen-free zone do not have those foods and items which students in the school are allergic.
- Know which student's have allergies and follow the student's health alert.
- Students with food allergies should not be assigned "helper duties" in cafeteria.

**School Counselor, Psychologist, Social Worker, and Related Service Provider**

- Be aware of students within your school who have *Allergy Health Alerts*.
- Monitor bullying, stress, anxiety, grades and other emotional issues that could be related to the medical diagnosis.
- Request a Child Study meeting if you believe that the students needs rise to the level of Section 504 considerations.

**School Nutrition Services Manager**

- Participate in the development of the child's *Allergy Health Plan*.
- Follow sound food handling practices to avoid cross contamination with potential food allergens.
- Follow cleaning and sanitation protocol to avoid cross-contamination and thoroughly clean all kitchen workspace and utensils after each meal.
- Include student's allergy information into computerized point of sale database to ensure that information comes up on the POS Terminal screen.
- Make all food labels/ingredient information immediately available to parents, school nurses, administrators, teachers, and others upon request.
- After receipt of Medical Statement for Children Requesting Special foods, Nutrition Services will make reasonable modifications as feasible for students with food allergies.
- Work with principal to designate an allergy free zone or other accommodations as recommended by the student's *Allergy Health Plan*.
- Train all food service staff and substitutes to be aware of foods that are frequently associated with life-threatening allergies.
- Provide a two-way communication device between the cafeteria and the clinic.
- Provide latex free gloves to all cafeteria staff if a student with a life-threatening allergy to latex has been identified.

**Custodians**

- Clean cafeteria surfaces in between meals with soap and warm water.
- Wipe down doorknobs and other commonly touched areas daily.
- Follow health plan as needed.

**Coaches**

- Identify students with allergies through contact with their parents and the student.
- Provide a two-way communication device between the coach and the office.
- Request training from the RN if an athlete has a life-threatening allergy.
- Ensure student has access to emergency medication if ordered.
- Ensure a first aid kit is at your disposal.
- Ensure a trained person attends all functions where the student is present.

**Transportation**

- Provide a two-way communication device between the bus driver and dispatch.
- Know emergency protocol.
- Do not allow food consumption on the bus unless it is medically necessary (diabetes, low blood sugar, etc.).
- Do not give students food or drink.

- Promote an environmentally healthy atmosphere (clean, normal temperature, free of aerosol spray, etc.).
- Maintain First Aid skills.
- Bus drivers shall be made aware of students who have medical issues and shall receive training based on the needs of the student.

### **School Board Administration**

- Discourage food in classrooms.
- Discourage food from being used as a reward.
- Provide FAPE education to staff.
- Facilitate continuity and communication between all departments.

### **Staff Training Shall Include**

1. The *Allergy Health Alert* provided to school staff on a “need to know basis” by registered nurse at least annually (refer to number 8).
2. Cleaning - commonly touched surfaces should be wiped down by an approved cleaner on a daily basis. Tables in the cafeteria should be wiped down in-between uses with soap and warm water.
3. Importance of student hand hygiene (hand sanitizer kills germs but does not get rid of allergens). Hand wipes are beneficial for field trips or if away from facilities.
4. A strict no sharing food rule. A letter may be sent home to describe the food allergen and to request that parents comply with eliminating snacks that contain the food allergen. Teachers shall ensure parental permission to release such information.
5. Food within the classroom is discouraged. If authorized, all food must be store bought with food labels. Foods must be allergy free. Parental notification is required prior to events including potential sources of allergens.
6. The “Medical Statement for Children Requesting Special Foods” must be completed by the physician and turned into the cafeteria manager if needed. It is recommended but not required that students who are allergic to food pack their lunch.
7. Allergy awareness zones may be requested in the cafeteria. The zone is often at the end of a table (to avoid being surrounded by possible allergens) or at a separate table. The zone must be monitored for all allergen in the school (example: peanut, latex, milk, soy, etc.). The cafeteria monitor must monitor the zone. Tables and benches of all cafeteria surfaces should be washed with warm soapy water between meals (should not be done by a student with food allergies). The student is encouraged to invite a friend or two to join them on a daily basis.
8. Confidentiality must be maintained at all times. Some staff “need to know” and do reserve the right to know under FERPA.
9. All allergy protocols apply on field trips. Parents are encouraged to attend fieldtrips, but if unable, the student’s medication will go on the field trip with the teacher or child. The teacher or designated staff is responsible for requesting medication from the clinic at least two days in advance of the field trip. That person will collaborate with the nurse. Identify who is responsible for medications and first aid on the field trip. Maintain records of phone numbers for field trips.
10. Teachers shall place a copy of their student’s *Health Alerts* in their sub folder.
11. Auto-injectable epinephrine may be carried on the school bus with the annual consent of the physician if the student has demonstrated the ability to properly administer the

medication. This privilege may be taken away if abused but only after the parent has been verbally made aware of the change with a new plan established in writing. Medication shall not be stored on the bus due to frequent bus changes and temperature regulations of medication.

12. Reaction- if a student has the symptoms of anaphylactic shock (see above) the Registered Nurse (if available) shall administer the ordered epinephrine while a designee is directed to call 911. See Emergency Protocol (below).
13. Disposal of sharps/needles in a sharps container. If an employee is exposed to another person's blood or bodily fluid then follow the Bloodborne Pathogen Protocol.
14. Demonstrate administration of epinephrine and allow time for practice. Discuss implications for using two doses of epinephrine and various types of auto-injectable epinephrine.
15. Emergency drills- anytime there is a fire drill or other drill; the clinic attendant or RN shall bring all emergency medications and the two-way communication device with them. When outside communicate location of clinic/medications.
16. At least two people in each school must have CPR and First Aid training (to include administration of emergency medications) which should be posted in a location which is easily located (substitute folder, office).

### **Documentation**

1. Annually, each student shall turn in a health history with updated phone numbers and emergency phone numbers.
2. The RN will provide a copy of the Section 504 Procedural Safeguards (this is on the *Health History Form*) to parents who indicate a significant health issue, including allergies, on the *Health History Form*.
3. The RN will initiate the *Allergy Action Plan* based on the *Health History* form, previous plans, parent request, and staff referral. An *Allergy Action Plan* is an individualized doctor's order that states the medical needs of that student and the action steps in an emergency. It is a plan that is created by the nurse, the parent and the physician. The RN will document attempts to request that the *Allergy Action Plan* be signed and turned in. The plan is communicated to the student's teachers once all parties come to consensus. A document called a *Health Alert* is sent to teachers, resource teachers, the principal, the counselor, the social worker, the school psychologist and others who have the need to know and serves the purpose of communicating student health information. In elementary school, the parent will be asked to send a current photo of the child to be placed on the *Allergy Action Plan*.
4. The student's auto-injectable epinephrine may be carried on their person with the permission of the physician and parent if the student consistently demonstrates appropriate use (see Code of Virginia).
5. The parent will be responsible for ensuring that the epinephrine is valid and in-date.
6. The clinic personnel shall document on the Medication Log anytime that a student comes to the clinic to take their medications. All other medical interventions shall be documented on the *Student Visit Record*.

### **Allergy Action Plan Must Include**

1. Name of the student and photo if available
2. RN, Parent, and Physician signature (or doctors order)
3. Specific allergens or ingredients that the student may be allergic to
4. Warning signs
5. Name and phone number of physician, parent, and emergency information
6. Emergency Response Procedures
7. Location of medications and back-up medication
8. Individualized information
9. Physician approval that the student is able to self-administer meds (if appropriate)

### **Response to Emergencies**

1. A trained, adult staff member should remain with the student until the emergency is resolved if anaphylaxis is suspected.
2. Refer to the student's *Allergy Health Alert*.
3. If epinephrine is with the student, administer immediately. If not, notify the school nurse or health clinic assistant who will immediately administer epinephrine if ordered. If epinephrine is not ordered, trained staff will provide respiratory support as needed. This may include emergency rescue breathing if the student is not breathing on their own.
4. Notify Emergency Medical Services (911). State that the student has a history of severe allergies and is displaying symptoms. If epinephrine was given, state that.
5. Notify parents. Communication should occur over the schools two-way communication device and all parties must ensure that 1.) the epinephrine was administered 2.) 911 was called and 3.) the parent was called. The nurse will continue to monitor the student until EMS arrives.
6. Direct someone to meet emergency medical responders at school entrance. The most highly trained personnel must stay with the student at all times.
7. Administration should accompany the student to emergency care facility if parent does not arrive at school prior to the emergency medical responders. Clinic staff must stay to care for other sick children.
8. Assist student's re-entry into school.

### **Important Considerations**

\*\*\**Health Plans* are based on the information from the physician, parent, child, nurse, teacher, principal and other stakeholders. Each one is individualized for the individual student. Individuals may have allowances or restrictions as decided upon by the stakeholders involved in the creation of the plan. The goal is to treat individually and therefore all plans have the potential to be different.

**ALLERGY ACTION PLAN COVER SHEET**

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

The health care forms you submitted for your child indicate he/she has a food allergy.

The school would appreciate the following:

1. Two or more small pictures of your child. These will be kept in the child's classroom near the teacher's desk, in the office, in the cafeteria, and given to each resource teacher, so that the staff can learn to recognize the student. If you do not wish to have your child's photograph displayed, please sign here: \_\_\_\_\_.
2. Please fill out and return the enclosed Allergy Health Care Plan and return it to the school nurse/clinic attendant with your physician's signature.
3. Two doses of epinephrine (ie. Epipen or Twin Jet), if prescribed, or other medication to be used if an allergic reaction occurs. Please not expiration.

Your prompt attention to the above matter is appreciated. We would welcome an opportunity to meet with you to discuss your child's allergy and how we can implement a personalized health management plan. A physician must assess the threat and diagnose the student for a health plan to be implemented in the school environment. Additionally, consent to speak with the health care provider who has written the plan must be made available to the school health team member to effectively carry out the written medical orders.

Sincerely,

School Nurse/Principal

P.S. Please provide the above by \_\_\_\_\_.  
(date)



Place  
Child's  
Picture  
Here  
(Optional)

## DIETARY INFORMATION FORM

Student's Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Dietary Restrictions/Special Diet \_\_\_\_\_

Food Allergies/Intolerances \_\_\_\_\_

Food Substitutions \_\_\_\_\_

Other Diet Modifications \_\_\_\_\_

\_\_\_\_\_

Supplemental Feedings (snacks) \_\_\_\_\_

Physician/Medical Authority Documentation received (name, telephone, date)

\_\_\_\_\_

Additional Contacts (R.D., etc.) Include name and telephone number

\_\_\_\_\_

Person completing form \_\_\_\_\_ Date \_\_\_\_\_

A copy of this form goes to classroom teachers and clinic personnel



**MEDICAL STATEMENT  
FOR CHILDREN  
REQUESTING SPECIAL FOODS IN CHILD NUTRITION PROGRAMS**

Part I (to be completed by School District or Parent/Guardian)

Name of Student \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Telephone Number \_\_\_\_\_

School attended by Student \_\_\_\_\_

Part II (to be completed by Physician)

Diagnosis (Include description of patient's medical or other special dietary needs that restrict the child's diet):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List food(s) to be omitted from diet:

\_\_\_\_\_  
\_\_\_\_\_

List food(s) that may be substituted (Diet Plan):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Telephone Number

This form should be given to cafeteria manager and forwarded to School Foods Supervisor and given to clinic personnel.





## ALLERGY HEALTH PLAN

(Nurse use)

Place  
Child's  
Picture  
Here  
(optional)

Student's Name: \_\_\_\_\_  
 D.O.B/Grade.: \_\_\_\_\_  
 Physician/Phone: \_\_\_\_\_  
 IEP: date

**Problem: Risk for Ineffective Breathing related to Allergy to:** \_\_\_\_\_

**Assessment History:** Include medications and treatments

**Expected Outcome (Student will experience adequate ventilation and health as evident by):**

\*Marked box indicates that student meets outcome.

- |   |   |
|---|---|
| <input type="checkbox"/> Avoid allergens                  | <input type="checkbox"/> Demonstrate effective breathing patterns         |
| <input type="checkbox"/> Communicate possible reactions   | <input type="checkbox"/> Describe methods to reduce exposure of allergens |
| <input type="checkbox"/> Maintain social relationships    | <input type="checkbox"/> Participate in school functions                  |
| <input type="checkbox"/> Utilize medication appropriately | <input type="checkbox"/> Wash hands before and after meals                |
| <input type="checkbox"/> Attends school regularly         | <input type="checkbox"/> Limits time away from class for medical reasons  |
| <input type="checkbox"/> Others:                          |   |

**Intervention (Nurse will):**

\*Marked box indicates that nurse/clinic attendant provided intervention.

- |   |  |
|---|--|
| <input type="checkbox"/> Communicate and problem solve with parent                      | <input type="checkbox"/> Ensure substitute folder is in clinic             |
| <input type="checkbox"/> Obtain physician signed Health Alert & order                   | <input type="checkbox"/> Follow and implement the Allergy Health Plan      |
| <input type="checkbox"/> Communicate via Health Alert                                   | <input type="checkbox"/> Administer medications/treatments as ordered      |
| <input type="checkbox"/> Review allergens and plan of care annually                     | <input type="checkbox"/> Review lunch accommodations if needed             |
| <input type="checkbox"/> Demonstrate emergency meds to staff                            | <input type="checkbox"/> Follow up with parent and student as needed       |
| <input type="checkbox"/> Train two staff members on medication                          | <input type="checkbox"/> Educate staff on their roles and responsibilities |
| <input type="checkbox"/> Offer allergy education to the students                        | <input type="checkbox"/> Offer training to teacher and bus driver          |
| <input type="checkbox"/> Plan for field trips: describe how field trips will be handled |  |
| <input type="checkbox"/> Others:  |  |

**Evaluation (time frame is by the end of the school year):**

- Student did not experience symptoms of anaphylactic reaction.  
 Student did experience symptoms of anaphylactic reaction.

Recommended changes: address unmet expected outcomes and/or interventions that did not occur

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Nurse Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Primary Care Physician**  
 (Physician is not required to sign THIS form).

\_\_\_\_\_  
**Date**



**ALLERGY HEALTH ALERT**  
**ALLERGIC TO:**  
 (Nurse use to communicate with faculty and staff)

Place  
Child's  
Picture  
Here  
(optional)

Student's Name \_\_\_\_\_  
 Grade: \_\_\_\_\_ Teachers: \_\_\_\_\_

**SIGNS OF AN ALLERGIC REACTION**

**Systems                      Symptoms       If checked, this student has asthma and the likelihood of anaphylaxis is increased.**

- ◆ **MOUTH**            itching & swelling of the lips, tongue, or mouth
- ◆ **THROAT\***        itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
- ◆ **SKIN**             hives, itchy rash, and/or swelling about the face or extremities
- ◆ **GUT**              nausea, abdominal cramps, vomiting, and/or diarrhea
- ◆ **LUNG\***            shortness of breath, repetitive coughing, and/or wheezing
- ◆ **HEART\***          "thready" pulse, "passing-out"

**The severity of symptoms can quickly change. \*All above symptoms can potentially progress to life-threatening.**

◆ **ACTION FOR MINOR REACTION** ◆

1. If **symptom(s)** are (list): \_\_\_\_\_ give \_\_\_\_\_
  - This medication is located \_\_\_\_\_.
  - If condition does not improve within 10 minutes, follow steps for Major Reaction below.

◆ **ACTION FOR MAJOR REACTION** ◆

**DO NOT HESITATE TO CALL RESCUE SQUAD**

1. If symptom(s) are (list): \_\_\_\_\_ give \_\_\_\_\_ **IMMEDIATELY!**
  - This medication is located \_\_\_\_\_.
2. **Call:** Rescue Squad (ask for advanced life support) . See Emergency Contacts below.

**EPIPEN® AND EPIPEN® JR. DIRECTIONS**

1. **Pull off gray activation cap.**
2. **Hold black tip near outer thigh (always apply to thigh).**
3. **Press firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and taken with you to the Emergency Room. Massage the injection area for 10 seconds.**
4. **EpiPen acts immediately and lasts only 15-20 minutes. Make sure 911 has been called.**

**TWIN JECT DIRECTIONS**

1. **Remove caps labeled "1" and "2".**
2. **Place round tip against outer thigh, press down hard until needle penetrates. Hold 10 seconds, remove.**
3. **Second dose- unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.**
4. **Slide yellow collar off plunger.**
5. **Put needle into thigh through skin, push plunger down all the way, and remove.**

RN Signature \_\_\_\_\_ Date 7/26/10

EMERGENCY CONTACT/RELATION/PHONE	TRAINED STAFF/ROOM
1. <u>Emergency Contact</u> Relation: _____ Phone: _____	1. <u>Trained Staff Room</u>
2. <u>Emergency Contact</u> Relation: _____ Phone: _____	2. <u>Trained Staff Room</u>
3. <u>Emergency Contact</u> Relation: _____ Phone: _____	3. <u>Trained Staff Room</u>

**Sample of Parent Letter**  
(If Requested- Must Obtain Consent)

Dear Parents,

A student in your child's class is allergic to \_\_\_\_\_, which could cause physical reactions including difficulty breathing. Please assist us in keeping your child's classmate safe by honoring our request to keep this allergen out of the classroom. This will be of utmost importance in regard to field trips, birthday celebrations, field day events, holiday parties, or special events. Please plan to work with the room parent Mr./Ms. \_\_\_\_\_ at \_\_\_\_\_ if you would like to assist in planning a pre-approved classroom event. Please talk to your child about the importance of honoring this request by teaching them about the danger of this allergen, practicing proper hand washing, treating one another with kindness and respecting one another's differences. Thank you so much for your attention to this matter.

Sincerely,  
XXXXXX

<b>Low Cost Incentives and Rewards to Reinforce Positive Student Behavior</b>		
<b>Elementary</b>	<b>Middle</b>	<b>High</b>
Staff helper	ipod time	Work with friend
Guest to class	Positive note home	Read to elementary
Line leader	Talk time	Community coupon
Messenger	Free time	Field trip
Board cleaner	Special events	Bonus points
Extra Recess	Walk time	Announcements
Safety monitor	Skate pass	Student of week
Center time	Movie pass rental	Free time
Game time	Library pass	Lunch outside pass
Pass for front of line	Internet pass	Free tutor pass
Picnic with teacher	Free homework pass	Teach class day
Show and Tell	Extra credit	Leave 1 min. early
Book buddy	Pajama day	Exempt exam/test
Read to class	Spirit day	Free game ticket
Chose class activity	Homework pass	Dance ticket free
Wear crown for day	Library pass	Pie principal in face
Homework pass	Free call home	Listen to radio/CD
Free call home	Game day	Special parking pass
Token shop	Craft day	Computer pass
Hat day	Tardy pass	Sit anywhere day

\*Reference: Loudon County Public School, School Health Services, Revised 2010.

**Section 504 Procedural Safeguards (see Health History Form)**

Henrico County Public Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. To this end we want to inform you of your rights under Section 504 of the Rehabilitation Act of 1973, as amended. Persons who have a physical or mental impairment that noticeably restricts the condition, manner or duration under which he or she can perform at least one particular major life activity as compared to the condition, manner or duration under which the average person in the general population can perform the same major life activity qualify as disabled under Section 504. Impairments in remission or episodic are considered disabling if when active they substantially limit a major life activity. As such, qualifying persons are entitled to accommodations to assist them in gaining equal access to services and programs offered by Henrico County Public Schools. If you have any additional questions regarding your rights under Section 504, please contact:

School Division Section 504 Coordinator, Dr. Barbara Flanagan

Email: [bgflanagan@henrico.k12.va.us](mailto:bgflanagan@henrico.k12.va.us)

Telephone number: 804-652-3873

**References**

Henrico County Public Schools. (2004). Allergy Protocol.

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The Food Allergy & Anaphylaxis Network. (2009). Be a PAL Program. Retrieved from: <http://www.foodallergy.org/pal.html>

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