

Your child's health record indicates s/he has severe allergies. Please have your healthcare provider, who is licensed to prescribe medication, complete this form or provide a written emergency plan with instructions for the school nurse and school nutrition supervisor.

STUDENT NAME: _____

DATE OF BIRTH: _____

SCHOOL: _____

GRADE: _____

PREVENTION & EMERGENCY RESPONSE PLAN FOR STUDENTS WITH ALLERGIES

The following sections must be completed by a MD, DO, APN, or PA, licensed to prescribe medications, with directives for care in the school setting.

Student has a life-threatening or severe allergy to:

INGESTION

INHALATION

INJECTION (STING/BITE)

SKIN CONTACT

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ACTION PLAN for life-threatening or severe allergic reaction:

Provide STAT treatment if the following symptoms occur after exposure to the life-threatening allergy (check below):

☐ Abdomen: nausea, stomach ache/cramping, vomiting, diarrhea

☐ General: panic, sudden fatigue, chills, fear of impending doom

☐ Mouth: itching, tingling, or swelling of the lips, tongue, or mouth

☐ Respiratory: shortness of breath, repetitive coughing, wheezing

☐ Skin: hives, itchy rash, swelling about face or extremities

☐ Throat: feeling tightness in the throat, hoarseness, hacking cough

☐ Other: _____

Treatment:

1. Administer epinephrine (dosage/route/interval) _____

2. Call 911

3. Continue with monitoring by the nurse until EMS arrives

4. Other: _____

Prevention for exposure to known severe or life-threatening food allergies:

USDA regulation / C.F.R. Part 15B requires substitution or modification in school meals for children with diagnosed severe or life-threatening food allergies.

Foods to omit:

Substitutions:

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Substitutions:

☐ Eggs

☐ Whole

☐ Ingredient in Recipe

☐ Other

☒ Wheat

☐ Gluten

☐ Trace Amount

☐ Ingredient in Recipe

☐ Soy

☐ Soy/Lecithin

☐ Oil

☐ Isolated Soy Protein

☐ Ingredient in Recipe

☐ Other

☐ Milk

☐ Milk

☐ Cheese

☐ Whey

☐ Ingredient in Recipe

☐ Other

☐ Nuts

☐ Tree Nut

☐ Peanut

☐ Other

☐ Fish

☐ Shellfish

☐ Other Not Included on List

Non-severe and non-life threatening food allergies or intolerances should be listed below with appropriate substitutions.

The school food service will determine if reasonable accommodations can be made on a case by case basis.

Other Allergies: (circle) YES NO Indicate Allergies: _____

Asthma: (circle) YES NO _____

Response for reaction to all other allergens: Give prompt treatment if the student has any of the following symptoms:

Treatment:

1. Administer: _____

2. Contact: _____

3. Other: _____

Healthcare Provider Name (printed): _____ MD DO APN PA Date: _____

Healthcare Provider Name (signature): _____ Phone: _____

I give permission to the school nurse to administer this plan. I will supply medication in an original container and notify the school nurse of any changes. I understand that relevant school personnel will be notified of my child's allergies and that I will need to work with the school nutrition supervisor regarding any food allergies.

Parent Signature: _____ Date: _____ Phone #: _____