SCHOOL GUIDELINES FOR
MANAGING STUDENTS WITH FOOD ALLERGIES

Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced in the school setting if schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for food-allergic students.

Family’s Responsibility

- Notify the school of the child’s allergies.
- Work with the school team to develop a plan that accommodates the child’s needs throughout the school including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus, as well as a Food Allergy Action Plan.
- Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on written form.
- Provide properly labeled medications and replace medications after use or upon expiration.
- Educate the child in the self-management of their food allergy including:
  - safe and unsafe foods
  - strategies for avoiding exposure to unsafe foods
  - symptoms of allergic reactions
  - how and when to tell an adult they may be having an allergy-related problem
  - how to read food labels (age appropriate)
- Review policies/procedures with the school staff, the child’s physician, and the child (if age appropriate) after a reaction has occurred.
- Provide emergency contact information.

School’s Responsibility

- Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
- Review the health records submitted by parents and physicians.
- Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- Identify a core team of, but not limited to, school nurse, teacher, principal, school food service and nutrition manager/director, and counselor (if available) to work with parents and the student (age appropriate) to establish a prevention plan. Changes to the prevention plan to promote food allergy management should be made with core team participation.
• Assure that all staff who interact with the student on a regular basis understands food allergy, can recognize symptoms, knows what to do in an emergency, and works with other school staff to eliminate the use of food allergens in the allergic student’s meals, educational tools, arts and crafts projects, or incentives.

• Practice the Food Allergy Action Plans before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.

• Coordinate with the school nurse to be sure medications are appropriately stored, and be sure that an emergency kit is available that contains a physician’s standing order for epinephrine. In states were regulations permit, medications are kept in a easily accessible secure location central to designated school personnel, not in locked cupboards or drawers. Students should be allowed to carry their own epinephrine, if age appropriate after approval from the students physician/clinic, parent and school nurse, and allowed by state or local regulations.

• Designate school personnel who are properly trained to administer medications in accordance with the State Nursing and Good Samaritan Laws governing the administration of emergency medications.

• Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day regardless of time or location.

• Review policies/prevention plan with the core team members, parents/guardians, student (age appropriate), and physician after a reaction has occurred.

• Work with the district transportation administrator to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.

• Recommend that all buses have communication devices in case of an emergency.

• Enforce a “no eating” policy on school buses with exceptions made only to accommodate special needs under federal or similar laws, or school district policy. Discuss appropriate management of food allergy with family.

• Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.

• Follow federal/state/district laws and regulations regarding sharing medical information about the student.

• Take threats or harassment against an allergic child seriously.

**Student’s Responsibility**

• Should not trade food with others.

• Should not eat anything with unknown ingredients or known to contain any allergen.

• Should be proactive in the care and management of their food allergies and reactions based on their developmental level.

• Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

More detailed suggestions for implementing these objectives and creating a specific plan for each individual student in order to address his or her particular needs are available in The Food Allergy & Anaphylaxis Network’s (FAAN) *School Food Allergy Program*. The *School Food Allergy Program* has been endorsed and/or supported by the Anaphylaxis Committee of the American Academy of Allergy Asthma and Immunology, the National Association of School Nurses, and the Executive Committee of the Section on Allergy and Immunology of the American Academy of Pediatrics. FAAN can be reached at: 800/929-4040.

The following organizations participated in the development of this document:

- American School Food Service Association
- National Association of Elementary School Principals
- National Association of School Nurses
- National School Boards Association
- The Food Allergy & Anaphylaxis Network
REQUEST FOR FOOD ALLERGY INFORMATION

(The District must request, at the time of enrollment, that the parent or guardian of each student attending the District disclose the student’s food allergies. This form will satisfy this requirement. Additional information regarding food allergies, including maintaining records related to a student’s food allergies, can be found at FD and FL.)

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child’s safety.

“Severe food allergy” means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child’s allergic reaction to the food.

<table>
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<tr>
<th>Food:</th>
<th>Nature of allergic reaction to the food:</th>
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The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy. [See FL]

Student name: ____________________________ Date of birth: _______________

Grade: ________

Parent/Guardian name: ________________________________

Work phone: ____________________ Home phone: ________________________

Parent/Guardian Signature: ___________________________ Date: ____________

Date form was received by the school: ________________
Food Allergy Action Plan

Name: ____________________________________________ D.O.B.: ___ / ___ / ___

Allergy to: ____________________________________________

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

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.

Any SEvere Symptoms after suspected or known ingestion:

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough

HEART: Pale, blue, faint, weak pulse, dizzy, confused

THROAT: Tight, hoarse, trouble breathing/swallowing

MOUTH: Obstructive swelling (tongue and/or lips)

SKIN: Many hives over body

Or combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)

GUT: Vomiting, crampy pain

Mild Symptoms Only:

MOUTH: Itchy mouth

SKIN: A few hives around mouth/face, mild itch

GUT: Mild nausea/discomfort

Medications/Doses

Epinephrine (brand and dose): ____________________________________________

Antihistamine (brand and dose): ____________________________________________

Other (e.g., inhaler-bronchodilator if asthmatic): ____________________________________________

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

1. Give Antihistamine

2. Stay with student; alert healthcare professionals and parent

3. If symptoms progress (see above), USE EPINEPHRINE

4. Begin monitoring (see box below)

1. Inject Epinephrine immediately

2. Call 911

3. Begin monitoring (see box below)

4. Give additional medications:*

- Antihistamine

- Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

Parent/Guardian Signature __________________________ Date __________________________

Physician/Healthcare Provider Signature __________________________ Date __________________________

Form provided courtesy of FAAN (www.foodallergy.org) 7/2010
**EPiPEN Auto-Injector and EPiPEN Jr Auto-Injector Directions**

- First, remove the EPiPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap
- Hold orange tip near outer thigh (always apply to thigh)
- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPiPEN Auto-Injector and massage the area for 10 more seconds.

**Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions**

- Remove GREY caps labeled “1” and “2.”
- Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

**Twinject® 0.3 mg and Twinject® 0.15 mg Directions**

- Remove caps labeled “1” and “2.”
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

**SECOND DOSE ADMINISTRATION:**

If symptoms don’t improve after 10 minutes, administer second dose:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student’s physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

**Contacts**

Call 911 (Rescue squad: (____)____-______)  Doctor:________________  Phone: (____)____-______

Parent/Guardian: ____________________________________________  Phone: (____)____-______

**Other Emergency Contacts**

Name/Relationship: ____________________________________________  Phone: (____)____-______

Name/Relationship: ____________________________________________  Phone: (____)____-______