

Students

Food Allergy Management

Accommodating Students with Special Dietary Needs

The purpose of this policy is to establish a safe environment for students with food allergies and to support parents regarding food allergy management. In accordance with applicable law, it is the policy of the Board of Education to provide all students, through necessary accommodations where required, the opportunity to participate fully in all school programs and activities.

The Board recognizes the need to help the allergic child avoid foods to which the child is allergic and to establish emergency procedures to treat allergic reactions that may occur. In some cases, a student's disability may prevent him/her from eating meals prepared for the general school population.

Substitutions to the regular meal will be made for students who are unable to eat school meals because of their disabilities, when that need is certified in writing by a physician. Meal service shall be provided in the most integrated setting appropriate to the needs of the disabled student.

The nature of the student's disability, the reason the disability prevents the student from eating the regular school meals, including foods to be omitted from the student's diet, indication of the major life activity affected by the disability, the specific diet prescription along with the substitution(s) needed will be specifically described in a statement signed by a licensed physician. The district, in compliance with USDA Child Nutrition Division guidelines, will provide substitute meals to food-allergic students based upon the physician's signed statement.

The Board recognizes that students with documented life-threatening food allergies are considered disabled and are covered by The Disabilities Act and Public Law 93-112 and Section 504 of The Rehabilitation Act of 1973. A clearly-defined "504 Accommodation Plan" shall be developed and implemented for all such identified students in which necessary accommodations are made to ensure full participation of identified students in student activities. Such plan shall be signed by the appropriate staff, the parent/guardian of the student and the student's physician.

The school is also responsible for developing and implementing guidelines for the care of food-allergic students. Such guidelines shall include, but not be limited to, staff development, strategies for identifying students at risk for life-threatening allergic reactions, means to manage the student's allergy including avoidance measures, designation of typical symptoms and dosing instructions for medications.

The District's plan for managing students with life-threatening food allergies shall be posted on the District's website (and/or on the website of each school within the District).

(Note: In the absence of a district or individual school website, it is suggested that the plan for managing students with life-threatening allergies be included in the student/parent handbook of each school.)

Students

Food Allergy Management

Accommodating Students with Special Dietary Needs (continued)

- (cf. 5141 Student Health Services)
- (cf. 5141.21 Administering Medication)
- (cf. 5141.23 Students With Special Health Care Needs)
- (cf. 5141.3 Health Assessments)
- (cf. 5145.4 Nondiscrimination)

Legal Reference: Connecticut General Statutes
10-15b Access of parent or guardian to student's records.
10-154a Professional communications between teacher or nurse and student.
10-207 Duties of medical advisors.
10-212a Administrations of medications in schools
10-212a(d) Administration of medications in schools by a paraprofessional
10-220i Transportation of students carrying cartridge injectors
52-557b Good Samaritan Law. Immunity from liability for emergency medical assistance, first aid or medication by injection
PA 05-104 An Act Concerning Food Allergies and the Prevention of Life-Threatening Incidents in Schools
PA 05-144 and 05-272 An Act Concerning the Emergency Use of Cartridge Injectors
P.A. 09-155 An Act Concerning the Use of Asthmatic Inhalers and Epinephrine Auto-Injectors While at School.
The Regulations of Connecticut State Agencies section 10-212a through 10-212a-7
Federal Legislation
Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et seq.)
Americans With Disabilities Act (ADA) of 1990 (42 U.S.C. § 12101 et seq.; 29C.F.R. §1630 et seq.
The Family Education Rights and Privacy Act of 1974 (FERPA)
The Individuals with Disabilities Education Act of 1976 (IDEA) (20 U.S.C. § 1400 et seq.); 34 C.F.R. § 300 et seq.
FCS Instruction 783-2, Revision 2, Meal substitution for medical or other special dietary reasons.

Policy adopted: March 22, 2001
Policy revised: June 22, 2006
Policy revised: April 29, 2010

MARLBOROUGH PUBLIC SCHOOLS
Marlborough, Connecticut

Students

Food Allergy Management

Accommodating Students with Special Dietary Needs

In order to properly implement the Board policy pertaining to the management of food allergies, the following administrative regulations are hereby established:

1. The school shall establish a method of ensuring that relevant information is transmitted to all supervising persons of an identified student. It is incumbent upon the school to notify any person who may be supervising an identified student with food allergies, especially those which may be life-threatening, such as peanut allergies.
2. The primary concern of the school is the prevention and appropriate treatment of potentially severe allergic reaction, anaphylaxis.
3. Parents with allergic children must provide the school with an individualized action plan prepared by the student's physician. (See form; EMERGENCY HEALTH CARE FORM) The school nurse will develop, in consultation with the parent(s) and/or physician of the student, a written plan for allergen avoidance and response. This food allergy plan will establish the specific protocols to help the student avoid food allergens as well as develop emergency response protocols in the event of the student's contact with the identified allergen. This plan shall be provided to all personnel supervising the student, including cafeteria personnel.
4. The District nor its school personnel shall be responsible for determining food allergens and/or those foods or ingredients in foods that are safe for a student with an identified food allergy to consume.
5. At risk students should have some means of identification, such as a medical alert bracelet.
6. A no-food and no utensil trading/sharing policy within the school will be encouraged. A sign is to be posted in all cafeterias informing students that they are expected to neither trade nor share food or utensils.
7. Permit parents, upon written request, to review/preview menus and ingredients used in school lunches in order to select safe foods they child may eat.
8. The District will establish at least one "allergen free" table in each school cafeteria. This table will be washed with separate cleansing material before each lunch period. Parents who wish their food allergy identified child to sit at this table must request this in writing to the Director of Food Services.
9. The District will not knowingly make use of peanuts, peanut products, tree nuts and tree nut products for instructional purposes.

Students

Food Allergy Management

Accommodating Students with Special Dietary Needs (continued)

10. Administrators and teachers will encourage non-food related alternatives to celebrate developmental milestones and student accomplishments. Teachers and parents will be encouraged to provide commercially prepared foods with printed labels that set forth food ingredients. Food will not be used to celebrate in-school birthdays.
11. When classroom activities in grades PreK-6 include food, the classroom teacher will contact the parent/guardian of the identified allergic child prior to the activity.
12. School personnel planning a field trip will provide the school nurse with a list of participants in advance of the trip. The school nurse will identify those students with identified food allergies and provide the teacher with a copy of the written food allergy plan for the student(s). This will also be done for other school-sponsored events taking place off school grounds.
13. Consider the following avoidance strategies due to the fact that risk can never be fully eliminated in the school environment:
 - a) Parents should be encouraged to instruct their children in how to avoid contact with substances to which they are allergic.
 - b) Carefully monitor identified children, especially in the younger grades.
 - c) Allergic children should consider eating foods that are only prepared at home.
 - d) Students should be encouraged not to exchange foods or utensils with other students.
 - e) Surfaces, toys and equipment should be washed clean of allergic containing foods.
 - f) Check hand soap ingredients to be sure it does not contain peanut oils.
 - g) Establish a buddy system for identified students.
 - h) Provide staff updates at monthly faculty meetings.
 - i) Consider a peanut-free table in the cafeteria.
14. Provide training for staff in basic first aid, resuscitative techniques and in the use of epinephrine auto injections.
15. Epinephrine should be kept in close proximity to students at risk of anaphylaxis and in all cases where it is administered, the student must be sent to the hospital immediately.

Guidelines Specific to the Health Office

1. Prior to the start of each school year, the School Medical Advisor will supply a prescription and directions for the use of epinephrine and benadryl for the school nurse. All school health offices will have additional epinephrine for unidentified students and for identified students should the need arise.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs

Guidelines Specific to the Health Office (continued)

2. As set forth above, a parent who wishes to have a written food allergy plan for his or her student must provide a completed Emergency Health Care Plan Food Form on an annual basis to the school nurse. The school nurse, in consultation with the student, parent(s) and/or physician for the student, shall develop a written plan for the student. This plan will establish, among other things, strategies for food allergy avoidance by the student and emergency care plan (ECP) in the case of an allergic reaction. The plan will be reviewed annually and revised as needed provided that the parent(s) provide the completed Emergency Health Care Plan annually to the school nurse. The school district is not responsible for researching, developing, implementing, updating, or otherwise drafting a written plan for a student whose parent(s) do not submit, on an annual basis, a completed Emergency Health Care Plan Form.
3. Upon receipt of the Emergency Health Care Plan Form, the school nurse shall request from the parent(s) and/or the student's physician, as appropriate, information regarding the student's allergy, including but not limited to physician medication orders, information sheet and physician's emergency protocol. Parents shall also be required to provide a recent photograph of the student to help food service/cafeteria personnel and substitute school personnel recognize the student. Additionally, the District asks and strongly encourages parents to have their child wear a medical alert bracelet at all times. This will aid emergency responders in the event of an allergic reaction.
4. The District requires all physician medication orders and physician emergency care protocols provided to the school nurse to be signed by the physician and parent. The school nurse will review the orders and clarify any questions with the ordering physician and/or School Medical Advisor. All medication orders or prescriptions must be in full compliance with Board of Education medication policies and regulations. Should the student's physician order or prescribe medication for the treatment, management and/or emergency response to the student's identified allergy, the parent(s) shall be solely responsible for obtaining at the expense of the parent(s) and providing all such medications for the treatment of an allergic reaction as ordered by the physician (which order, as discussed above, must be provided to the school nurse).
5. At the elementary level, the epi-pen, if prescribed or ordered by the student's physician, may follow the allergic student during his/her school day in accordance with the student's administration of medications plan. The elementary student, however, shall not be permitted to carry the medication on his or her person. Rather, the medication will be transported by designated teachers or staff members.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs

Guidelines Specific to the Health Office (continued)

6. Appropriate school personnel, as per Board of Education medication policies and regulations shall be trained by the school nurse in the signs and symptoms of anaphylaxis and the administration of the epi-pen. The school nurse shall also instruct appropriate personnel supervising a student with an identified food allergy regarding the student's emergency plans for food allergies.
7. A copy of the emergency health care plan for the identified allergic student shall be kept with the student with an identified food allergy and in the office of the school nurse, as well as in the folder for any substitute school personnel supervising the student. If the student with the identified food allergy has a prescription or order calling for the administration of an epi-pen and any other physician ordered medication in response to an allergic reaction, the plan concerning the administration of such medication shall be kept in the school nurse's office and in folders for school personnel and substitutes.
8. No school personnel, including but not limited, to teachers and school nurses, will determine or attempt to determine whether foods brought to school by the student with an identified food allergy or food brought to school by another student are safe for an allergic student to consume; only the parent/guardian shall make the determination of food safety for their child.
9. The District nursing supervisor (or school nurse) shall notify the District Transportation Coordinator of those students with identified food allergies that may threaten the health and/or safety of the student. The District nursing supervisor/school nurse/school medical advisor will provide an in-service education program annually at the start of each school year to bus drivers, which training shall include discussion of the signs and symptoms of allergic reactions and/or anaphylaxis.
10. The school nurse shall take measures that he or she deems appropriate to notify parents of children in grades K-6 in classes where students have been identified with school allergies.
10. The District nursing supervisor/school nurse shall notify the District Food Services Director regarding the names of students in each school with a food allergy. The school nurse at each school will provide a photograph of the student to the Food Services Manager in each school to assist the food services staff in the student's food allergy avoidance plan.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (continued)

Guidelines Specific to the Classroom

1. The teacher of a student with an identified food allergy shall notify the parent/guardian of the identified allergic student during the planning process for any special event that may include food (celebration, teaching unit, field trip). The teacher will post in the classroom the classroom policy against food and utensil sharing and/or trading.
2. The school nurse will inform classroom teachers regarding the names of students with identified food allergies who are enrolled in their class. The school nurse will also provide the teachers of such students with a copy of the applicable food allergy plan, including the emergency health plan.
3. Teachers will communicate with the parent of an allergic student and the room parent(s) regarding event planning to ensure that the class takes appropriate allergy management and/or avoidance measures.
4. The teacher of a student with an identified food allergy must inform the school nurse of all field trips during the planning process. Such notice must be provided at least one week in advance of the planned trip so that the school nurse and teacher can make appropriate arrangements for the student.
5. Teachers are expected to be mindful of field trips and/or other class activities (on or off school grounds) that include hands on activities. Teachers are expected to make reasonable inquiry as to any items, displays, etc. that may contain products to which the student with the identified food allergy is allergic. (i.e. nuts or fish shells)
6. Within a reasonable period of time prior to any field trip or class activity held off school grounds, teachers are expected to establish communication strategies in consultation with the principal and the school nurse regarding any field trip or class activity off school grounds.
7. The teacher is expected to provide the parent(s) of the student with the identified food allergy with information concerning the trip so that the parent(s) can make a determination as to the food safety for their child. The District is not responsible for making such a determination. If the parent is unable to make the determination or the menu is unavailable (as on a field trip) the parent shall send safe food on the trip with the student.
8. Videos will be made available by the District for relevant training activities and appropriate classroom instruction.

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (continued)

Guidelines Specific to Food Service/Cafeteria

1. Food service personnel will be instructed by the Director of Food Services about necessary measures required to prevent cross-contamination during food handling, preparation and serving of food.
2. Parents/guardians will be encouraged to review/preview menus. Information regarding the ingredients of the school lunch will be provided, upon request, by the Food Services Director to parents/guardians, students and staff.
3. At least one “allergy free” table will be made available to students with identified food allergies in each school cafeteria. Parents will indicate if their child is to be seated at this table. Friends whose lunches do not contain an offending food may also be seated at this table.
4. The “allergy free” table will be washed with a hot water and soap solution prior to the first lunch and after each following lunch period.
5. The Food Services Director will investigate ingredients and cross contamination issues with vendors. No foods with peanut/nut contents will knowingly be served in the elementary school.

Regulation approved: March 22, 2001
Regulation revised: June 22, 2006

MARLBOROUGH PUBLIC SCHOOLS
Marlborough, Connecticut
5141.25
Appendix

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.

School's Responsibility (continued)

- Practice the Food Allergy Action Plan 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 where regulations permit, medications are kept in an 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 student's 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 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.

School Guidelines for Managing Students with Food Allergies

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*

Peanut Allergy What You Need To Know

The Peanut Problem

Peanuts, a cheap source of dietary protein predominantly ingested as peanut butter, have become one of the world's most allergenic foods. They are progressively finding their way into more and more food products either directly, or by indirect contamination of food products during the manufacturing process. Peanuts may be designated on a food label in a less easily recognized term such as "hydrolyzed vegetable protein" or "ground nuts." It is important to realize that for the sensitive person, this is a lifelong allergy, and that even trace amounts can kill. Sensitization may possibly occur during a pregnancy when the mother overindulges in or perhaps even just eats peanut products, and peanut proteins have even been found in breast milk.

The Allergic (Anaphylactic) Shock Reaction

This reaction can begin and proceed rapidly, occasionally proving fatal within minutes. It must be treated with epinephrine immediately at the first signs of reaction, and the reaction may recur after initial therapy so that ongoing observation and care are required. Possible symptoms of reaction to peanuts may include (not necessarily in this order):

- sense of foreboding, fear, or apprehension
- flushed face, hives, swollen or itchy lips, mouth, eyes, or tongue
- tightness in mouth, chest or throat
- difficulty breathing or swallowing, drooling, wheezing, choking, coughing
- runny nose, voice change
- vomiting, nausea, diarrhea, stomach pains
- dizziness, unsteadiness, sudden fatigue, rapid heartbeat, chills
- pallor, loss of consciousness, coma, death

Factors Which May Contribute To Fatal Peanut Reactions

A. Failure Of Institutions

- Incomplete or inadequate labeling of foods or packages thereof
- Ignorance of food allergy problems by restaurants, school personnel, etc.
- Nonavailability of medications or resuscitation equipment or inappropriate use thereof
- Having peanut products in the home or school lunchroom of a peanut sensitive individual
- Peanuts may be altered and sold as walnuts, almonds or pecans

Peanut Allergy What You Need To Know

B. Failure To Prevent Problem

- Failure to always read food labels carefully
- Not always inquiring about contents of foods regardless of where prepared
- Trying to taste a tiny bit of an unknown but suspected food to see if it contains peanut
- Sharing foods or utensils
- Obtaining foods from others when the contents may be unknown
- Relying on the service personnel in restaurants instead of the chef
- Kissing someone or being kissed by someone who has eaten peanuts products

C. Failure To Identify Problem

- Failure to appreciate that minimal amounts of peanut material can kill
- Minimization of, or denial of, symptoms of previous nonfatal reactions
- Failure to speak out when even suspects that a reaction may be occurring
- Not wearing a bracelet showing "Allergy To Peanut"

D. Failure Of Treatment

- Failure to carry and know how to use indate epinephrine (EpiPen®, EpiEZPen®, AnaKit® at all times. In some cases, failure of a care giver to understand fully or to administer this.) It is often wise to have a child's picture on the epinephrine container.
- Failure to use epinephrine immediately for a peanut reaction
- Failure to have a second epinephrine dose available if necessary
- Attempting to use an oral antihistamine alone to control symptoms
- Failure to be taken to a nearby hospital quickly after epinephrine use
- Impaired awareness of potential peanut product due to alcohol or other drug influence
- Taking BetaBlocking Medications (check with a physician or pharmacist)

Peanut Allergy What You Need To Know

Lifestyle Adjustments

- The sensitive individuals must recognize that they are different, bear a large responsibility, and know they can die of a reaction.
- Residue of peanut material on a wiped counter top, cutlery or plates may induce a reaction. Aerosolized peanut material (e.g. opening a sealed jar of peanut butter, or fumes from cooking) may cause asthma in a susceptible individual. Some may experience nausea if people nearby are eating suspected foods.
- Peanut butter may be used to thicken chili, or to seal egg rolls. Bakery products and ice creams may easily be contaminated.
- It is unsafe to pick out a “safe” nut from a mixture containing peanuts. Avoid all nuts. Parents of the susceptible person must be vigilant and concerned about a possible fatal mistake. Most exposures are accidental.
- Peer pressure may be large One child received anonymous e-mail saying “I’m Peanut, You’re Dead”; another was chased around the schoolyard by a bully brandishing a peanut, while a third had the pouch containing life-saving epinephrine taken as a prank.
- The parents of nonsensitive children may selfishly (or for financial reasons) argue that “Why should my child be deprived of peanut when the problem is that of another child?” Perhaps the answer lies in the counterargument that if their child had the life threatening reaction would they not be the first to demand that all peanuts be removed from the child's environment. Fortunately many schools and summer camps have come to realize the magnitude of the problem and controlled the problem.
- Some individuals also must avoid other foods in the legume family, e.g., soya bean, pea, and garbanzo (chickpea) if allergy to these has been previously demonstrated.
- Education of friends, relatives and acquaintances is essential. Divorce situations may pose a special threat where one of the parents chooses to deny the problem.
- Pure peanut oil is generally nonallergenic, but cold pressed peanut oil or oil contaminated with peanut protein through cooking may be dangerous.

For children with multiple food allergies, use one form for each food.

SELF-MEDICATION ASSESSMENT

Student: _____ School: _____

D.O.B. _____ Age: _____ Grade: _____

Physical/behavioral limitations: _____

Name of medication: _____

Self-Medication Criteria:

A. Student is capable of identifying individual medication. Yes No
Comments: _____

B. Student is knowledgeable of purpose of individual medication. Yes No
Comments: _____

C. Student is able to identify/associate specific symptom occurrence and need for medication administration. Yes No
Comments: _____

D. Student is capable/knowledgeable of medication dosage. Yes No
Comments: _____

E. Student is knowledgeable about method of medication administration. Yes No
Comments: _____

F. Student is able to state side effects/adverse reactions to medication. Yes No
Comments: _____

G. Student is knowledgeable of how to access assistance for self if needed in an emergency. Yes No
Comments: _____

H. An Individual Health Care Plan has been developed for the student which will monitor and Evaluate the student's health status. Yes No

Based on assessment:

_____ The student is **not** a candidate for a self-medication program at this time.

_____ The student is a candidate for a self-medication program with supervision.

_____ The student has successfully completed self-medication training and has demonstrated appropriate self-administration.

Comments: _____

Principal/Teacher notified Yes No

Nurse's Signature _____ Date _____

**Medical Statement for Children *without* Disabilities
Requiring Special Meals in a Child Nutrition Program**

Part I (To be filled out by School)

Date: _____ Name of Child: _____
School Attended by Child: _____

Part II (To be filled out by Medical Authority)

Patient's Name: _____ Age: _____

Diagnosis: _____

Describe the medical or other special dietary needs that restrict the child's diet:

List food(s) to be omitted from the diet and food(s) to be substituted (Diet Plan):

List foods that require a change in texture:

Cut up or chopped to bite-size pieces: _____
Finely ground: _____
Pureed: _____

Date _____ Signature of Medical Authority _____

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age or disability. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternate means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**Medical Statement for Children *with* Disabilities
Requiring Special Meals in a Child Nutrition Program**

Part I (To be filled out by School)

Date: _____ Name of Child: _____
School Attended by Child: _____

Part II (To be filled out by Physician)

Patient's Name: _____ Age: _____

Diagnosis: _____

Describe the patient's disability and the major life activity affected by the disability:

Does the disability restrict the individual's diet? Yes No
If yes, list food(s) to be **omitted** from the diet and food(s) to be **substituted** (Diet Plan):

List foods that require a change in texture:

Cut up or chopped to bite-size pieces: _____
Finely ground: _____
Pureed: _____

Special Equipment Needed:

Date _____ Signature of Medical Authority _____

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Connecticut State Department of Education, April 2004

**5141.25
Form #5**

PERMISSION FOR THE ADMINISTRATION OF MEDICATIONS BY SCHOOL PERSONNEL

PATIENT'S NAME: _____ DATE OF BIRTH: _____

PATIENT'S ADDRESS: _____ TELEPHONE: _____

CAAC PHYSICIAN'S NAME: _____ PATIENT'S PCP: _____

ASTHMA Yes No

SPECIFIC FOOD ALLERGY: _____

IF PATIENT INGESTS OR THINKS HE/SHE HAS INGESTED THE ABOVE NAMED FOOD:

- _____ Observe patient for symptoms of anaphylaxis** for 2 hours
- _____ Administer **adrenaline** before symptoms occur, IM EpiPen Jr. Adult
- _____ Administer **adrenaline** if symptoms occur, IM EpiPen Jr. Adult
- _____ Administer Benadryl _____ tsp. or Atarax _____ tsp. Swish & Swallow
- _____ Call 911, transport to ER if symptoms occur for evaluation, treatment and observation for 4 hours

IF REACTION OCCURS, PLEASE NOTIFY THIS OFFICE!

Physician's Signature _____ Today's Date _____

1. Is this a controlled drug? Yes No Time of administration: _____

2. Medication shall be administered from _____ to _____ (dates)

3. Relevant side effects, if any, to be observed: _____

4. Other Suggestions: Please allow child to self-administer medication if able to _____

Signature: _____ M.D. Date: _____

****SYMPTOMS OF ANAPHYLAXIS**

- Chest tightness, cough, shortness of breath, wheezing
- Tightness in throat, difficulty swallowing, hoarseness
- Swelling of lips, tongue, throat
- Itching mouth, itchy skin
- Hives or swelling
- Stomach cramps, vomiting or diarrhea
- Dizziness or faintness

I have received, reviewed and understand the above information.

Patient/parent/guardian signature

Date

Emergency Response Protocol Severe Food Allergy to Peanuts

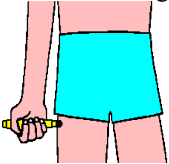
Student Name: (Child's First and Last Name)
Teachers: (Mr/S. Teacher's Name)
Parent Contact: (Mother Full Name, Home phone: xxx-xxx-xxxx)
 (Mother's Cell: xxx-xxx-xxxx Father's Cell: xxx-xxx-xxxx)
Doctor Contact: (Dr. Full Name, Allergy Specialist: xxx-xxx-xxxx)



Key safety rules of the classroom & outside play area:

- The regular and specials classrooms and play areas are peanut and tree nut free environments.
- (Child's name) travel EpiPen® medicine kit and a walkie-talkie will remain with (child's name) at all times during the day and be managed by a trained adult.
- (Child's Name) eats only foods provided and labeled by parent/guardian. Adult will assist (child) daily in washing his/her hands thoroughly with soap and water for 15 seconds before eating. Adult in charge will approve daily snacks and other foods consumed by students.
- Students and adults should wipe their hands with wipes upon entering the classroom and practice good hand-washing techniques after eating.
- If (child's name) asks to see the nurse, allow him/her to do so immediately with an adult for any reason.

Asthmatic and at increase risk for sever reaction Yes ___ No ___
SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems	Symptoms	EpiPen® Directions
Mouth*	Itching and swelling of the lips, tongue or mouth	Pull off gray safety cap. Place black top on thigh, at right angle to leg (Always apply to thigh) Using a quick motion, press hard into thigh until  auto-injector mechanism functions and hold in place for 10 seconds. The EpiPen Jr. unit should then be removed and discarded. Massage the injection area for 10 seconds.
Skin*	Hives, itchy rash, and/or swelling about the face or extremities	
Gut*	Hives, itchy rash, and/or swelling about the face or extremities	
Throat*	Itching and/or sense of tightness in the throat, hoarseness, hacking cough	
Lung*	Shortness of breath, repetitive coughing and/or wheezing	
Heart*	“Thready” pulse, “passing out.”	

MEDICINE KIT LOCATION: Kit #1: Classroom Med Kit located in classroom, Kit #2: Travel Med Kit to be with adult with (child's name) at all times, Kit #3: Nurses' Med Kit located in nurses' office with albuterol and nebulizer. Kit #4 located in front pouch of child's backpack. The medicine in the EpiPen Jr. cannot hurt (child's name) under any circumstances; it will save his/her life.

WHAT TO DO: If you suspect or know (child's name) has come into SKIN CONTACT with peanuts but not ingested them, contact the nurse. If nurse cannot respond immediately: wash point(s) of contact where the welt is located with warm soapy water, rinse and dry. Apply small amount of topical Benadryl cream. If he/she is uncomfortable, administer 2 teaspoons off Children's Benadryl. Symptoms should stop progressing within five minutes.

If other welts are appearing quickly or you notice any other *symptoms: ALL of the above symptoms can progress to a life-threatening situation. If you suspect or know **peanuts** have entered his/her mouth or he/she has **ingested** them, **stay calm**, call the nurse.

If the nurse cannot respond immediately, administer the EpiPen Jr. in thigh.

Once needle is in, count to 10; then call 911 and transport to hospital!

