

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
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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):

- | | |
|--|---|
| <input type="checkbox"/> Abdomen: nausea, stomach ache/cramping, vomiting, diarrhea | <input type="checkbox"/> Respiratory: shortness of breath, repetitive coughing, wheezing |
| <input type="checkbox"/> General: panic, sudden fatigue, chills, fear of impending doom | <input type="checkbox"/> Skin: hives, itchy rash, swelling about face or extremities |
| <input type="checkbox"/> Mouth: itching, tingling, or swelling of the lips, tongue, or mouth | <input type="checkbox"/> Throat: feeling tightness in the throat, hoarseness, hacking cough |
| | <input type="checkbox"/> Other: _____ |

I 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 / CFR Part 15B requires substitution or modification in school meals for children with diagnosed severe or life-threatening food allergies

Foods to omit:

Substitutions:

Foods to omit:

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 #: _____



Red Clay School Nutrition Services

1798 Limestone Rd.

Wilmington, DE 19808

(302)-992-5580

Dear Parent or Guardian:

This letter explains the attached physician form and procedures for obtaining a physician signed Food Allergy Action Plan.

If your student attends Red Clay School District and has a food or non-food allergy, you will need to have a physician complete and sign the attached *PREVENTION & EMERGENCY RESPONSE PLAN FOR STUDENTS WITH ALLERGIES* form. This form provides space for detailed information on the following: The type of allergy (food and non-food), reaction(s) to the specified allergen(s), what type of contact causes the allergic reaction(s), and an action plan for nurses, teachers, and district staff to administer during an allergic reaction. Students with severe, life-threatening allergies who wish to eat school lunch from the cafeteria will most likely require an individualized allergen-free menu from the Nutrition Department.

If your child has a non-severe allergy to a food or non-food item, as defined by a physician, there is a separate section for the physician to fill in those types of allergies, reactions, and treatments as well. These types of food allergies will be handled on a case-by-case basis with the nutrition department and may not warrant an individualized allergen-free menu for your student.

Please take this form to your doctor and have them fill it out in its entirety and make sure that **both** you and the doctor sign the bottom of the form. Once this form is returned to the nurse she will put it on file for your student and send a copy to the Nutrition Department if your child is eating School Meals and requires an allergen-free individualized meal plan. If this form is not completed and you mark your student as having an allergy on the student data card, he or she will be given a standard allergen-free meal at breakfast and lunch for their own safety until further documentation is received.

Sincerely,

Jessica Farrand, MS, RD, LDN
Nutrition Specialist
Red Clay School District Nutrition Department
Phone: 302-992-5580
Fax: 302-892-3259
E-mail: Jessica.Farrand@redclay.k12.de.us

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: _____

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PREVENTION & EMERGENCY RESPONSE PLAN FOR STUDENTS WITH ALLERGIES

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Student has a life-threatening or severe allergy to:

	INGESTION	INHALATION	INJECTION (STING/BITE)	SKIN CONTACT
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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):

- | | |
|--|---|
| <input type="checkbox"/> Abdomen: nausea, stomach ache/cramping, vomiting, diarrhea | <input type="checkbox"/> Respiratory: shortness of breath, repetitive coughing, wheezing |
| <input type="checkbox"/> General: panic, sudden fatigue, chills, fear of impending doom | <input type="checkbox"/> Skin: hives, itchy rash, swelling about face or extremities |
| <input type="checkbox"/> Mouth: itching, tingling, or swelling of the lips, tongue, or mouth | <input type="checkbox"/> Throat: feeling tightness in the throat, hoarseness, hacking cough |
| | <input type="checkbox"/> Other: _____ |

Treatment:

1. Administer epinephrine (dosage/route/interval) _____
2. Call 911
3. Continue with monitoring by the nurse until EMS arrives
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Prevention for exposure to known severe or life-threatening food allergies:

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

Foods to omit:

Substitutions:

Foods to omit:

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: _____

Autorizo a la enfermera escolar a implementar este plan. Yo entregaré la medicación en el envase original y notificaré a la enfermera escolar en caso de que haya cualquier cambio. Comprendo que el personal escolar relevante será notificado de las alergias de mi hijo y que yo tendré que trabajar con la supervisora de nutrición escolar en lo relacionado con las alergias alimentarias.

Firma del padre/madre: _____ Fecha: _____ Teléfono: _____



Red Clay School Nutrition Services

1798 Limestone Rd.

Wilmington, DE 19808

(302)-992-5580

Estimado Padre o Tutor:

Esta página introductoria tiene como fin explicarle el formulario adjunto y el procedimiento para obtener un Plan de Acción para casos de Alergias Alimentarias firmado por un médico.

Si su hijo asiste al Distrito Escolar Consolidado Red Clay y tiene una alergia alimentaria o una alergia no alimentaria, deberá hacer que un médico complete y firme el formulario adjunto, PLAN DE PREVENCIÓN Y DE RESPUESTA A EMERGENCIAS PARA ALUMNOS CON ALERGIAS. Este formulario tiene espacio para brindar información detallada sobre lo siguiente: el tipo de alergia (alimentaria o no alimentaria), reacciones a alérgenos específicos, qué tipo de contacto causa la reacción alérgica, y un plan de acción para que las enfermeras, maestras y personal del distrito implementen durante una reacción alérgica.

Si su hijo tiene una alergia que no es severa a un alimento o a una cosa que no sea un alimento, hay una sección separada para que el médico también indique esos tipos de alergias, las reacciones y los tratamientos. Estos tipos de alergias alimentarias serán manejados caso por caso con el departamento de nutrición y pueden no ameritar un plan personalizado de comidas para el alumno.

Por favor lleve este formulario a su doctor y pídale que lo complete en su totalidad y asegúrese de que **tanto** usted como el doctor firmen en la parte de abajo del mismo. Una vez entregado este formulario a la enfermera, ella lo conservará en el expediente correspondiente al alumno y enviará una copia al Departamento de Nutrición si su hijo está comiendo Comidas Escolares y necesita un plan personalizado de comidas libres de alérgenos.

Cordialmente,

Jessica Farrand, MS, RD, LDN

Departamento de Nutrición del Distrito Escolar Red Clay

Teléfono: 302-992-5580

Fax: 302-892-3259

E-mail: Jessica.Farrand@redclay.k12.de.us

Sample Letter for Elementary School Homeroom

Date _____

Dear Parents/Guardians of Students in Room _____

A student in your child's class has a food allergy to (Peanuts, Tree Nuts, Wheat, Soy, Milk, Eggs, Fish, Shellfish, _____).

Nearly 6 million or 8% of children have food allergies in the United States. Food allergy can be potentially fatal and there is no cure. The only way to avoid an allergic reaction is to avoid the offending food.

We know that many parents like to celebrate birthdays or other occasions with special treats. We encourage parents to celebrate with nonfood items such as stickers, pencils, and themed erasers, other than food. **Any food sent in to share with students must be prepackaged and contain a commercial ingredient label.** If sending in food for classroom distribution, please contact your child's teacher at least 3 days in advance. Advise your child not to share or trade food with their classmates.

To learn more about food allergy, please visit The Food Allergy & Anaphylaxis Network's website at www.foodallergy.org.

You can also view the Red Clay Consolidated School District food allergy policy on the Nutrition website
<http://www.schoolnutritionandfitness.com/index.php?sid=0112081723421745&page=allergy>

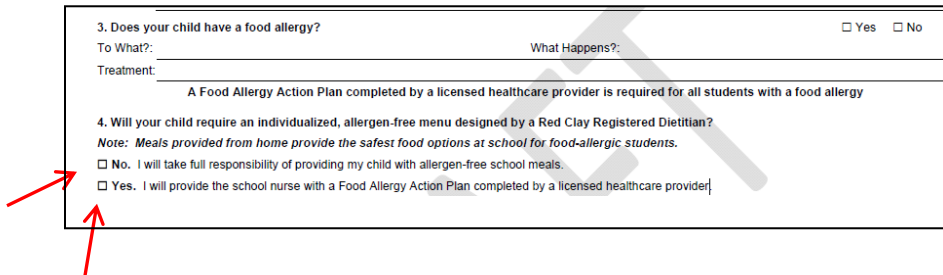
Thank you for your cooperation in keeping all our children safe.

Sincerely,

School Nurse

RED CLAY SCHOOL DISTRICT STUDENT FOOD ALLERGY PROCEDURES

1. Student/Parent/Guardian must indicate on the student data card that is sent home each year that there is a food allergy present and turn the completed student data card to the school as soon as possible.
 - a. If your child has severe allergies and will be purchasing school meals in the cafeteria, please check the appropriate box on The Student Data card (see below example) to indicate this.



The image shows a portion of a student data card form. It contains the following text:

3. Does your child have a food allergy? Yes No

To What?: _____ What Happens?: _____

Treatment: _____

A Food Allergy Action Plan completed by a licensed healthcare provider is required for all students with a food allergy

4. Will your child require an individualized, allergen-free menu designed by a Red Clay Registered Dietitian?
Note: Meals provided from home provide the safest food options at school for food-allergic students.

No. I will take full responsibility of providing my child with allergen-free school meals.

Yes. I will provide the school nurse with a Food Allergy Action Plan completed by a licensed healthcare provider.

Two red arrows point to the checkboxes for question 4.

- b. If severe allergies are present and a special menu is required, **please plan to pack until notified by the Nutrition Department that we have collected allergy documentation and created a special menu for allergic students if needed.** Special menus are needed ONLY IF a special diet is required (i.e. multiple allergies, milk, egg, wheat/gluten, soy allergies. No special diet required for peanut, fish, seafood, fruits and other foods that are easily avoided with the precautions and policies already in place in the cafeteria).
2. Student Allergy information will be entered into the school's system as Student Data Cards are returned and processed. Once processed this information can then be made available to the cafeteria to be reflected in the point of sale system so that cashiers can identify allergic students as they go through the school meals line.
 3. The school nurse will send the parent/guardian a *Prevention & Emergency Response Plan for Students with Allergies* if you have indicated your student has an allergy on the Student Data Card OR you may download it [HERE](#) to expedite the process and send the form directly to your doctor to have it returned to the school nurse. Once the student data card is completed and returned it will be sent to the Nutrition Department if a special menu plan is needed.
 4. If you wish to have a copy of your student's allergy menu, please contact Jessica.rombach@redclay.k12.de.us

RED CLAY SCHOOL DISTRICT STUDENT FOOD ALLERGY PROCEDURES

1. Student/Parent/Guardian indicates on student data card that there is a food allergy (see below).
2. Information is entered or updated into Data Service Center into new Food Allergy Section (see below) from the Student Data Card.

3. Does your child have a food allergy? Yes No

To What?: _____ What Happens?: _____

Treatment: _____

A Food Allergy Action Plan completed by a licensed healthcare provider is required for all students with a food allergy

4. Will your child require an individualized, allergen-free menu designed by a Red Clay Registered Dietitian?
 Note: Meals provided from home provide the safest food options at school for food-allergic students.

No. I will take full responsibility of providing my child with allergen-free school meals.

Yes. I will provide the school nurse with a Food Allergy Action Plan completed by a licensed healthcare provider|

- a. If the parent has indicated that the child will purchase school lunch in the cafeteria by checking the appropriate box on SDC, enter this by checking the corresponding box in DSC (see attachment).

2. Send the **Prevention & Emergency Response Plan for Students with Allergies** directly to the doctor or to the parent (Spanish and English cover letters available to better explain the form to parents).
3. Once the **Prevention & Emergency Response Plan for Students with Allergies** is returned, file accordingly in DSC by checking the corresponding box that indicates a doctor's note is now on file (see attachment). Please send a copy of the Prevention & Emergency Response Plan for Students with Allergies to Nutrition Department (ATTN: Jessica Rombach, FAX:892-3259) ONLY IF a special diet is required (i.e. multiple allergies, milk, egg, wheat/gluten, soy allergies. No special diet required for peanut, fish, seafood, fruits and other foods that are easily avoided with policies and precautions already in place in cafeterias).

*Prevention & Emergency Response Plan for Students with Allergies is intended to take the place of the Food Allergy Acton Plan and Special Diet Prescription Forms in a single condensed form.

School Year 2013-2014

Office Visits

1. New Office Visit
2. Office Visit History
3. Health Note / Phone Log
4. Medication History
5. Treatment History
6. Follow Up Referrals
7. Todays Office Visits
8. View Demographics
9. To Do/Reminders

Medication

1. Log Medications
2. Schedule Medication
3. Medication Log/Schedule Report
4. Patient Medication Inventory
5. Inventory-Summary Report
6. Add/Edit PRN Medication
7. PRN Medication List

Reports

1. Office Visits Daily Log
2. Health Alerts Report
3. Student Comprehensive Report
4. Summary of Health Services
5. PRN Medication Report
6. Sports Clearance Report
7. Emergency Card Clearance Report
8. Consent Forms Report
9. Student Listing Reports
10. Medicaid Student List
11. Medicaid Report
12. Multiple Office Visits
13. All Office Visit Referrals
14. Student Detail Report

Treatments

1. Log Treatments
2. Schedule Treatments
3. Treatment Log/Schedule Report

Maintenance

1. Add/Edit Patient Record
2. Sports Clearance
3. Sports Clearance Next Year
4. Emergency Card Clearance
5. Consent Forms
6. View Tables
7. Data Validation Edit Lists
8. Configure Settings
9. Add/Edit Nurses & Examiners

Accident

1. Add/Edit/Print Accident Data

Other

1. Screenings/Immunizations
2. Link to DelVax

Allergies

1. Add/Edit Allergy Data
2. Food Allergies Report

Add/Edit Allergy Data

Name: [Redacted] Student ID: [Redacted]
Sex: F Grade: 03 Homeroom: [Redacted] Birthdate: [Redacted] Medicaid: N

Alert: **Allergy: Food: sesame seeds, ALL Nuts. HIGHLY ALLERGIC to PEANUTS. Does NOT need to sit at nut free table. Has Epi-Pen.**

Student Allergy Information	
Special Seating Required:	<input type="checkbox"/>
Special Menu Required:	<input type="checkbox"/>
Prevention and Emergency Plan:	<input checked="" type="checkbox"/> Date: 8/22/2013
Additional Comments:	Allergic to Sesame Seeds

Special Seating if requested by parent

Special Menu Needed (multiple allergies, etc. & buying lunch)

Doctor's Note/prevention & response plan on file

Food Allergies		
Eggs	Symptoms - Eggs	Treatments - Eggs
<input type="checkbox"/> (Eggs) Whole <input type="checkbox"/> (Eggs) Ingredient in Recipe	<input type="checkbox"/> Abdomen <input type="checkbox"/> General <input type="checkbox"/> Mouth <input type="checkbox"/> Respiratory <input type="checkbox"/> Skin <input type="checkbox"/> Throat <input type="checkbox"/> Other	<input type="checkbox"/> Epi Pen <input type="checkbox"/> Benadryl <input type="checkbox"/> Other
Wheat	Symptoms - Wheat	Treatments - Wheat
<input type="checkbox"/> (Wheat) Gluten <input type="checkbox"/> (Wheat) Trace Amount <input type="checkbox"/> (Wheat) Ingredient in Recipe	<input type="checkbox"/> Abdomen <input type="checkbox"/> General <input type="checkbox"/> Mouth <input type="checkbox"/> Respiratory <input type="checkbox"/> Skin <input type="checkbox"/> Throat <input type="checkbox"/> Other	<input type="checkbox"/> Epi Pen <input type="checkbox"/> Benadryl <input type="checkbox"/> Other
Soy	Symptoms - Soy	Treatments - Soy
<input type="checkbox"/> (Soy) Soy Lecithin <input type="checkbox"/> (Soy) Oil <input type="checkbox"/> (Soy) Isolated Soy Protein <input type="checkbox"/> (Soy) Soy - Ingredient in Recipe	<input type="checkbox"/> Abdomen <input type="checkbox"/> General <input type="checkbox"/> Mouth <input type="checkbox"/> Respiratory <input type="checkbox"/> Skin <input type="checkbox"/> Throat <input type="checkbox"/> Other	<input type="checkbox"/> Epi Pen <input type="checkbox"/> Benadryl <input type="checkbox"/> Other
Dairy	Symptoms - Dairy	Treatments - Dairy
<input type="checkbox"/> (Dairy) Milk <input type="checkbox"/> (Dairy) Cheese <input type="checkbox"/> (Dairy) Whey <input type="checkbox"/> (Dairy) Milk - Ingredient in Recipe	<input type="checkbox"/> Abdomen <input type="checkbox"/> General <input type="checkbox"/> Mouth <input type="checkbox"/> Respiratory <input type="checkbox"/> Skin <input type="checkbox"/> Throat <input type="checkbox"/> Other	<input type="checkbox"/> Epi Pen <input type="checkbox"/> Benadryl <input type="checkbox"/> Other
Nuts	Symptoms - Nuts	Treatments - Nuts
<input checked="" type="checkbox"/> (Nuts) Tree Nut <input checked="" type="checkbox"/> (Nuts) Peanut	<input type="checkbox"/> Abdomen <input type="checkbox"/> General <input type="checkbox"/> Mouth <input type="checkbox"/> Respiratory <input type="checkbox"/> Skin <input type="checkbox"/> Throat <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Epi Pen <input checked="" type="checkbox"/> Benadryl <input type="checkbox"/> Other
Fish	Symptoms - Fish	Treatments - Fish
<input type="checkbox"/> Fish	<input type="checkbox"/> Abdomen <input type="checkbox"/> General <input type="checkbox"/> Mouth <input type="checkbox"/> Respiratory <input type="checkbox"/> Skin <input type="checkbox"/> Throat <input type="checkbox"/> Other	<input type="checkbox"/> Epi Pen <input type="checkbox"/> Benadryl <input type="checkbox"/> Other
Shellfish	Symptoms - Shellfish	Treatments - Shellfish
<input type="checkbox"/> Shellfish	<input type="checkbox"/> Abdomen <input type="checkbox"/> General <input type="checkbox"/> Mouth <input type="checkbox"/> Respiratory <input type="checkbox"/> Skin <input type="checkbox"/> Throat <input type="checkbox"/> Other	<input type="checkbox"/> Epi Pen <input type="checkbox"/> Benadryl <input type="checkbox"/> Other

Save Cancel

New Office Visit

Name	Medicaid: N	Health Notes/Phone Log
Sex: F Grade: 03 Homeroom: [REDACTED] Birthdate: [REDACTED]		Demographics
Alert: Allergy: Food: sesame seeds, ALL Nuts.HIGHLY ALLERGIC to PEANUTS. Does NOT need to sit at nut free table. Has Epi-Pen.		
Shared Alert:		
Food Allergies: (Nuts) Peanut, (Nuts) Tree Nut		

Date: 10/08/2013 Time In: 02:00 P A/P Time Out: A/P Mark Incomplete:

System/Complaints + -	Interventions + -	Disposition/Outcomes + -
		*Returned to Class

Subjective/Objective Data	Assessment/Treatment
<input type="text"/>	<input type="text"/>
Meds + - <input type="text"/>	Comments <input type="text"/>
PRNs: (Benadryl 1-2 tsp, Epi-Pen 0.15 mg exp 2/14)	
Health Ed: <input checked="" type="checkbox"/> Injury: <input type="text"/>	Nurse: <input type="text"/>
Temperature: <input type="text"/> °F	
Treatment Values	Save & Main Menu Save & Add Another Save
Unscheduled Med	Cancel
Add Accident Data	

Acetaminophen (Tylenol): Y
Ibuprofen (Advil): Y
NLink: N
Action Plan Consent: Y