ALLERGY MANAGEMENT PLAN
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Introduction:
The Liverpool Central School District (LCSD) is committed to providing a safe and nurturing environment for students. Recognizing the increased prevalence of life-threatening allergies among school populations the District shall focus on allergy awareness and work closely with parents/guardians, students, and healthcare professionals to minimizing the risk of exposure.

Public Health Law:
The Allergy and Anaphylaxis Management Act of 2007 required the Commissioner of the NYS Department of Health, in consultation with the Commissioner of the NYS Education Department, to establish an anaphylactic policy setting forth guidelines and procedures regarding anaphylaxis (see Appendix A).

Allergy Management:
a. Allergic Reactions and Treatment
Allergic reactions have a wide range from very mild to severe. The most severe and potentially life-threatening is anaphylaxis. Anaphylaxis refers to a collection of symptoms, affecting multiple systems in the body, the most severe of which are breathing difficulties and a drop in blood pressure.

Foods are a common cause of anaphylaxis. Other common causes of anaphylaxis include allergies to latex, medications, and insect stings. Severe allergic reactions can occur within minutes of ingestion or be delayed for up to 2 hours.

At present there is no cure for food allergies and strict avoidance is the key to preventing reactions. Exposure may occur by eating the food or food contact. Treatment of anaphylaxis is centered on treating the rapidly progressing effects of the histamine release in the body with epinephrine. The District has stock epinephrine at each school. Epinephrine will be administered to students in an emergency as necessary.

b. Allergy Plan of Care
The risk of exposure to allergens for students is reduced when the school personnel, medical provider and parent/guardian work together to develop an allergy plan of care for the student. Parents/guardians, of new students, can begin the process by notifying the Registrar's Office and following up with the School's Health Office before the start of school. If the student is currently enrolled or changing schools parents/guardians should contact the School's Health Office before the start of school. Parents/Guardians of all newly enrolled students will be required to complete a Student Health History form (see Appendix B) and an Allergy Action Plan*, before the start of school, so the School Team can be identified and a plan of care developed for the student. School Teams may include but not limited to; District Administrator, School Nurse, School Medical Director, Teacher(s), Custodial personnel, Food Service Personnel, Transportation Personnel, Coaches & Physical Education Personnel, and Before/After School Coordinators.

* Allergy Action Plan (AAP) – A plan completed by the student’s licensed physician or physician’s designated licensed extender (i.e. Nurse Practitioner or Physician’s Assistant) that is designated for use by the School Nurse. The AAP outlines the care that a student may need in an emergency situation and will be used as a guideline for responding to a student who is experiencing a potentially life-threatening situation (see Appendix C).

Individualized Health Care Plan (IHCP) – A plan developed by the School Nurse based on the student’s Health History and Allergy Action Plan. The IHCP identifies & outlines expected student goals and is considered a standard of nursing practice (see Appendix D).
Allergy Awareness for Staff, Students & Parents/Guardians – Allergy awareness will be ongoing in our Schools. Some members of the School Team may receive training on administering epinephrine in an emergency. Additional information, on allergy & anaphylaxis, is also available on the NYS Department of Health’s website at www.schoolhealthservicesny.com.

Anaphylaxis Protocols for Non-Licensed School Staff:
Some non-licensed school staff may be trained to administer epinephrine in a life-threatening emergency under the following circumstances:

- The individual agrees to render emergency care to a student, who has a life-threatening anaphylactic reaction to an allergen. Such a response would fall under the “Good Samaritan Act”.
- The individual has been given approval by School’s Healthcare Provider to assist the student in the event of an anaphylactic reaction.
- The individual receives proper in-service training for the procedure from a School Healthcare Professional or Registered Nurse and the training is documented by the healthcare care professional who conducts the training (see Appendix G).

Responsibilities:

Parent/Guardian of an Anaphylactic Student:
Parent/guardian of children with a life-threatening allergy are expected to:

1. Inform the school nurse of your child’s allergies prior to the opening of school (or as soon as possible after diagnosis). All allergies must be verified by a physician or physician’s designated licensed extender (Nurse Practitioner-NP or Physician Assistant-PA).
2. Complete and provide all required medical documents and medication(s), to the School Nurse, before the student begins school.
3. Work with the school team to develop to ensure necessary accommodations are met.
4. Teach your child to:
   a. Recognize symptoms of a allergic/anaphylactic reaction.
   b. Communicate with school staff as soon as he/she feels a reaction is starting.
   c. If food allergy, teach student not to share food, drinks or utensils.
   d. Understand the importance of hand washing before and after eating.
   e. Carry their own epinephrine auto-injector when appropriate.
   f. Report teasing and/or bullying that may relate to the child’s disability.
5. Provide documentation of ANY changes in allergy status or procedures for student’s care.

Student:
Students with a life-threatening allergy are expected to:

1. Develop a relationship with the teacher and school nurse who can assist in identifying issues related to the management of the allergy in the school.
2. Based on their developmental level, be proactive in the care and management of their allergies.
3. Use proper hand washing before and after eating throughout the school day.
4. Notify an adult immediately if they’ve been exposed to the item of which they are allergic.
5. Notify an adult if they are being picked on or threatened by other students as it relates to their allergy.
School Administrator:
The School District Administrators shall:
1. Meet with the parent/guardian, review the District’s Allergy Management Plan, and provide parent/guardian with appropriate medical documents.
2. Contact the School Team and develop a plan of care for the student.
3. Ensure proper notification is given to; parents/guardians, staff (including substitute staff), and students regarding allergies in school.
4. Provide allergen-safe zones at schools where students with applicable food allergies are identified with appropriate signage.
5. Develop a contingency plan to be used in the event the nurse is not in the building.

School Nurse:
The School Nurse shall:
1. Meet with the parent/guardian, review the District’s Allergy Management Plan, and provide parent/guardian with appropriate medical documents.
2. Maintain updated medical information about students with allergies and share with staff on a need-to-know basis. Provide school-to-school transfer notification.
3. Implement an Individualized Health Care Plan (IHCP) for student with allergies.
4. Provide in-service training and education for staff on life-threatening allergies as needed including demonstration on how to use an epinephrine auto-injector.
5. Inform the School Principal and parent/guardian if any student experiences an allergic reaction that has not been previously diagnosed.

Teachers:
The Teachers shall:
1. Understand the signs and symptoms of severe allergic reaction for students with allergies.
2. Become familiar with Allergy Action Plan of any student with life-threatening allergies in their classroom.
3. Participate in in-service training for students with life-threatening allergies which may include demonstration of how to use an Epinephrine Auto Injector.
4. Set a classroom protocol regarding the management of allergies in the classroom.
5. Reinforce appropriate classroom hygiene practices/hand washing before and after eating.
6. Respond immediately to reports of students being teased or bullied about their allergies.

Food Services Department:
The Food Services employees shall:
1. Follow safe food handling practices to avoid cross contamination with potential food allergens.
2. Wear non-latex powder free gloves. Gloved hands will be washed or changed during extended use to avoid cross contamination with potential food allergens.
3. Maintain a list of students with food allergies.
4. Maintain knowledge of which food products contain allergens.

Custodial Department:
The Custodial staff shall:
1. Utilize separate cleaning supplies in designated allergen safe zones.
2. Replace missing allergen safe zone signage as necessary.
Transportation Department:
The Transportation employees shall:
1. Have functioning emergency communication devices (i.e. cell phones, two-way radios, etc.) on each bus.
2. Maintain and reinforce policy of no food eating on the bus except for those with medically documented needs, i.e. diabetics. In cases of medically documented needs, those students must bring allergen safe foods to eat on the bus.
3. Whenever possible arrange for students with life-threatening allergies to sit near the bus driver when transporting to/from school.

Persons in Charge of Before/After School Activities:
Person(s) in charge of before/after school programs or extracurricular activities shall:
1. Be aware of students with life-threatening allergies.
2. District employees may participate in in-service training about students with life-threatening allergies which may include a demonstration of a epinephrine auto-injector. All training will be documented and kept on file in the Nurse’s Office.

Field Trips:
The school staff shall:
1. Parental/Guardian invited to accompany their child on the field trip.
2. Parent/Guardian may designate an adult to carry/administer epinephrine to their child on the field trip.
3. The School District may send a licensed Registered Nurse, employed by the District, to accompany student(s) on the field trip.

Key Points for the School Team to Remember:
**Special Events or Non-Routine Days.** The greatest risk for a life-threatening allergic reaction exists when the normal routine is broken. Examples are classroom parties, field trips, a substitute teacher, before/after school events, or holiday break time. **Be Prepared.** Always think ahead to prevent possible exposures to a food allergen.

**Education of Staff and Students.** This is an ongoing process that changes with the student’s needs and as staff changes. The best plan is to educate our school community about the issues that face students with life threatening allergies.

**Cross contamination.** It only takes a trace amount of food protein to cause an allergic reaction. To prevent exposure to an allergen, **hand washing** and **washing of surfaces** (tables, chairs, etc.) where an allergen has been used is necessary. Soap and warm water are most effective for cleaning surfaces.

**Administering Emergency Medication** (i.e. antihistamine, Epinephrine) as ordered by the student’s physician and Call 911.

**If epinephrine is administered, the student should be taken to the hospital for evaluation even if the allergic reaction symptoms subside.**

The school principal, nurse and parent/guardian should be notified as soon as possible and see the School Nurse to complete the Epinephrine Administration Incident Report (*see Appendix H*).

**Be safe, not sorry!** Take all complaints from children with food allergies very, very seriously. It is important to respect the needs and rights of each student.
Appendix A – Public Health Law

Public Health Law 2500-H*2 – Anaphylactic Policy for School Districts

*§ 2500-h. Anaphylactic policy for school districts

1. The commissioner, in consultation with the commissioner of education, shall establish an anaphylactic policy for school districts setting forth guidelines and procedures to be followed for both the prevention of anaphylaxis and during a medical emergency resulting in anaphylaxis. Such policy shall be developed after consultation with representatives of pediatric physicians, school nurses and other health care providers with expertise in treating children with anaphylaxis, parents of children with life threatening allergies, school administrators, teachers, school food service directors, and appropriate not-for-profit corporations representing allergic individuals at risk for anaphylaxis.

2. The anaphylactic policy established by subdivision one of this section shall include the following:
   (a) a procedure and treatment plan, including responsibilities for school nurses and other appropriate school personnel, for responding to anaphylaxis;
   (b) a training course for appropriate school personnel for preventing and responding to anaphylaxis;
   (c) a procedure and appropriate guidelines for the development of an individualized emergency health care plan for children with a food or other allergy which could result in anaphylaxis;
   (d) a communication plan for intake and dissemination of information regarding children with a food or other allergy which could result in anaphylaxis; and
   (e) strategies for the reduction of the risk of exposure to anaphylactic causative agents, including food and other allergens.

3. On or before June 30, 2008, an anaphylactic policy shall be jointly forwarded by the commissioner and the commissioner of education to each local school board of education, charter school, and board of cooperative educational services in the state. Each board and charter school shall consider and take action in response to such anaphylactic policy.
Appendix B – Student Health History

Student Health History – Caring for Students with Allergies
(Parent/Guardian must complete this form at the time of enrollment and whenever physical conditions of the child changes)

Student Name: ___________________________ DOB: ______ Sex: ___ Grade: _____

School Building: ___________________________ School Year: ________________

Primary Health Concern: ___________________________

Secondary Health Concern(s): ___________________________

Diagnosis (note specific allergens): ___________________________

Healthcare Provider’s Name: ___________________________ Phone: __________________

At what age was the student diagnosed with an allergy? ___________________________

What symptoms led to the diagnosis? ___________________________

What are the student’s usual symptoms? ___________________________

Approximately how many allergic reactions has the student experienced? ___________________________

Approximate date of the last allergic reaction? ___________________________

Has the student been hospitalized as a result of the allergic reaction? ___________________________

☐ No  ☐ Yes, how many times? ___________________________

Does the student have an awareness of the onset of an allergic reaction? ___________________________

Has the student experienced an allergic reaction in school before? ___________________________

If so, please describe the latest incident: ___________________________

Does the student have asthma? ☐ No ☐ Yes

Does the student require designated seating in the Cafeteria? ___________________________

Is there anything else that the school should know to take the best care we can of your student? ___________________________

All school health information is handled in a respectful and confidential manner. May the school health office staff share this information with school staff on a “need-to-know” basis?

☐ Yes  ☐ No
Appendix C - Allergy Action Plan (page 1 of 2)

Parent/Guardian Signature  Date

Allergy Action Plan

Student Name: ______________________  DOB: ___/___/___

Allergic 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 SYMPTOM 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 combinations of symptoms from different body areas;

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

GUT: Vomiting, diarrhea, 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 & dose): _____________________________ (see reverse side for directions)

Antihistamine (brand & dose): _____________________________

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

Contacts: Call 911!

Physician Name: _____________________________  Phone Number: (____) ___ - ____

Parent/Guardian Name: _____________________________  Phone Number: (____) ___ - ____

Other Emergency Contact(s):

Name/Relationship: _____________________________  Phone Number: (____) ___ - ____

Parent/Guardian Signature  Date  Physician/Healthcare Professional Signature  Date
Appendix C - Allergy Action Plan (page 2 of 2)

Allergy Action Plan

EpiPen® (epinephrine) Auto-Injector
EpiPen, EpiPen 2-Pak and EpiPen Jr 2-Pak are registered trademarks of Mylan Inc. Licensed exclusively to its wholly-owned subsidiary, Mylan Specialty LP.

Directions:
1. Remove the EpiPen® (epinephrine) Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Hold the orange tip near the outer thigh (always apply to the thigh).
4. Swing and firmly push orange tip against outer thigh. Hold against thigh for approximately 10 seconds.
5. Remove EpiPen® (epinephrine) Auto-Injector and massage the area for 10 more seconds.

Auvi-Q™ (epinephrine injection, USP)
0.15 mg/0.3 mg auto-injectors ©2002-2013 sanofi-aventis U.S. LLC. All rights reserved.

Directions:
1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off RED safety guard.
3. Place black end against outer thigh, then press firmly and hold for 5 seconds.

Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg

Directions:
1. Remove GREY caps labeled 1 & 2.
2. Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then

A food allergy response kit should contain at least (2) doses of epinephrine, other medications as noted by the student’s physician, and a copy of this Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e. Field Trip).

Monitoring
Stay with student; alert healthcare professional 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 dose if symptoms persist or reoccur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached.
Appendix D – **Individualized Health Care Plan (IHCP)**

**Individualized Health Care Plan (IHCP)**

Date: ____________

Student Name: ____________________ 
DOB: ____________ 
Sex: M / F 

School Building: ____________________ 
Grade: ________

Physician: ____________________ 
Phone: ____________________

Relevant diagnoses: **Allergic Reaction**

Allergic Reaction(s) to: ____________________________________________

Medical History: ____________________________________________

Medication/Treatment: ____________________________________________

Diet: ________________ 
Mobility: ________________ 
Equipment: ________________

School Nurse: ____________________ 
_________________________ (print) 
_________________________ (signature)

<table>
<thead>
<tr>
<th>Date</th>
<th>Health Problem Nursing Diagnosis</th>
<th>Student Goals</th>
<th>Intervention &amp; Responsible Person</th>
<th>Evaluation &amp; Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Potential alteration in respiratory status related to anaphylaxis related to potential Allergic Reaction.</td>
<td>Student will notify staff of S/S for intervention.</td>
<td>Obtain orders for emergency medications.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix E – Allergy Letter to Parent/Guardian

(on Building Letterhead)

Date

To Parent/Guardian,

We are committed to providing a safe and welcoming environment for all of the children in our school.

**THERE IS A STUDENT IN CLASSROOM #_____ THAT HAS A SEVERE ALLERGY.**

THE ALLERGEN(S) OF CONCERN IS or ARE:

__________________________________________________________

__________________________________________________________

Some allergic reactions can be mild while others may be life-threatening. Please be careful not to send any items to the classroom that contain the allergens listed above.

Please call the school’s Health Office at ________________ if you have any questions or concerns.

__________________________________________  __________________________________________
Principal (print name)  School Nurse, RN (print name)

__________________________________________  __________________________________________
Principal (signature)  School Nurse, RN (signature)
Allergy Notice for Substitute Teachers & Staff

Notice to ALL SUBSTITUTE TEACHERS, STAFF

Our building has students with allergies some of which are life-threatening. PLEASE check with the School Nurse about students, in your classroom(s), who may have allergies and your role in maintaining a healthy environment for those students.

Please remember that ALL health information is CONFIDENTIAL.

Our staff is trained in how to respond to students with allergies in the event of accidental exposure, but prevention is the most important action we can take. To help reduce the risk of exposure for students with severe allergies, please:

1. Wash your hands after eating or touching any foods.
2. Observe the signs posted outside ALL rooms or areas that indicate no nuts or other allergens are allowed in those areas.
4. Do not offer food to any student.
5. Children should not engage in sharing of food.
6. Do not let students take food out to the playground.

Thank you for your cooperation in this important matter.

For questions please contact the School Nurse.
Anaphylaxis Protocol for Non-Licensed School Staff

An unlicensed staff member may be trained to administer epinephrine in anticipation of an anaphylactic reaction, under the following circumstances:

- The individual agrees to render emergency care to the student, who may have a life-threatening hypersensitivity reaction to a previously encountered allergen (anaphylaxis). Such a response would fall under the “Good Samaritan Act” for rendering emergency care during a life-threatening situation.
- The individual has been given approval by a School Healthcare Provider or Registered Nurse to assist the student in the event of an anaphylactic reaction.
- The individual receives proper in-service training for the procedure from a School Healthcare Provider or Registered Nurse.
- The training is documented by the School Healthcare Provider or Registered Nurse conducting the training.

The following staff member has successfully demonstrated proficiency in the use of an epinephrine auto-injector training device:

Staff Member (please print): ______________________ Date: __________

Staff Member (signature): ______________________ Job Title: __________

Trainer (must be a School Health Professional or Registered Nurse):

___________________________ Date: ______
(please print)

___________________________ Date: ______
(signature/title)
Anaphylaxis Protocol for Non-Licensed School Staff

<table>
<thead>
<tr>
<th>Anaphylaxis Protocol</th>
<th>Explanation/Demonstrated by Registered Nurse</th>
<th>Explanation/Return Demonstration by Staff Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. States name and purpose of emergency medication:</td>
<td>Date: RN Initials:</td>
<td>Date: RN Initials:</td>
</tr>
<tr>
<td>• Epinephrine in the form of an Epi-Pen Auto-Injector or Auvi-Q are prefilled, auto injection device designed to deliver a single dose of epinephrine to an individual with a known anaphylactic condition.</td>
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<tr>
<td>B. Signs &amp; symptoms of Anaphylaxis:</td>
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<tr>
<td>• Itching &amp; swelling of lips, tongue &amp; mouth</td>
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<tr>
<td>• Tightness in throat, hoarseness, hacking cough</td>
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<td>• HIVES, itchy rash, swelling about the face or extremities</td>
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<td>• Nausea, stomach cramps, vomiting and/or diarrhea</td>
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<tr>
<td>• Shortness of breath, wheezing, repetitive coughing</td>
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<tr>
<td>• Passing out</td>
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<tr>
<td>C. Emergency Treatment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Have someone call 911 immediately</td>
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<td></td>
</tr>
<tr>
<td>• Administer epinephrine</td>
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<td></td>
</tr>
<tr>
<td><strong>Epi-Pen</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Hold the auto injector, with orange tip near outer thigh.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Swing and firmly push the orange tip against the outer thigh until it &quot;clicks&quot;.</td>
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</tr>
<tr>
<td>✓ Keep the auto-injector firmly pressed against the thigh at a 90° angle (perpendicular) to the thigh.</td>
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<tr>
<td>✓ Hold firmly against the thigh for approximately 10 seconds to deliver the drug.</td>
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<tr>
<td>✓ The injection is now complete</td>
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<td></td>
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<tr>
<td><strong>Auvi-Q</strong></td>
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<tr>
<td>✓ Remove outer case and follow the voice instructions</td>
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<tr>
<td>✓ Pull off RED safety guard</td>
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<tr>
<td>✓ To inject, place BLACK end against outer thigh, then press firmly and hold in place for 5 seconds</td>
<td></td>
<td></td>
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<tr>
<td>• Call parent/guardian</td>
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<tr>
<td>• Call student’s physician.</td>
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<tr>
<td>• Record administration of epinephrine and student to be transported to hospital via ambulance.</td>
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</tbody>
</table>
Appendix H - Epinephrine Administration Incident Report

Epinephrine Administration Incident Report

To be complete by the person who administered epinephrine to a student in the event of an emergency.

Student Information:
Student Name: ____________________________  Sex:  M  /  F
School Building: ____________________________  Grade:  __________

Incident Information:
Date of Occurrence: ___________  Time of Occurrence: __________  AM  /  PM  (circle one)
Vital Signs (if known):
BP________/_______  Temp:  __________  Pulse:  __________  Respirations:  __________
If known, specify trigger that precipitated this allergic episode:  Food  □  Insect Sting  □
Exercise  □  Medication  □  Latex  □  Other  □  _____________  Unknown  □
If food, please specify which food __________________________________________________________
Did reaction begin prior to school?  Yes  □  No  □  Unknown  □
Location where symptoms developed:  Classroom  □  Auditoria/Cafeteria  □  Health Office  □
Playground  □  Bus  □  Other  □  please specify:  ________________________________
How did the exposure occur?  ___________________________________________________________________

Disposition:
EMS called at (time):  _____________  AM  /  PM  Parent/Guardian notified  □
Other person(s) notified:  ________________________________________________________________

Person Completing this Report:
________________________________________  ____________________________
(print)  (signature)
Title:  ________________  Date:  ____/____/_____  Phone Number:  _________________

Cc:  Health Office – Student’s medical file
Appendix I - Signage for Allergen-Safe Zone Cafeteria/Dining Area

Reserved For:

Friends With Food Allergies

Food allergies may include:
- Peanuts
- Tree Nuts
- Fish
- Shellfish
- Milk
- Wheat
- Soy
- Eggs

PLEASE Wash Your Hands BEFORE & AFTER You Eat!
No Food or Utensil Sharing
Appendix K - Signage for Allergy Controlled Classroom

This is an Allergy Controlled Classroom

PLEASE Wash Your Hands BEFORE Entering! Thank you!
Appendix L - Resources

Resources

The Food Allergy and Anaphylaxis Network (FAAN). FAN is a great resource for current research, informational newsletter, support groups, and information on food products. Their phone number is 1-800-929-4040, and the web address is: www.foodallergy.org

American Academy of Allergy, Asthma and Immunology (AAAAI), www.aaaai.org

National Association of School Nurses, www.nasn.org

Asthma & Allergy Foundation of America, www.aafa.org


Child Nutrition Knowledge Center: Food Allergy Resources http://portal.nysed.gov/portal/page/pref/CNKC/NeedToKnow/FoodAllergyResourcesAvailableAnnouncement1.ht