



## Lexington-Fayette County Health Department

School Health  
650 Newtown Pike  
Lexington, KY 40508-1197  
(859) 288-2314  
(859) 288-2313 Fax

**PARENT PACKET – ALLERGY**

Dear Parent/Guardian:

You have informed us that your student has a medical concern. Enclosed are the forms, which need to be completed by both the Parent/Guardian and student's Physician. These forms are necessary in order for the School Nurse or appropriately trained school personnel to perform or administer specific medical treatment or procedures. This information will help us work with your student to minimize unnecessary restrictions, feelings of being treated differently, and possibly absenteeism.

Please send a current picture of your student in order for the student to be easily identified. This information will be distributed to appropriate school personnel on a need-to-know basis and may include bus drivers, substitute teachers, cafeteria staff, and others who work with your student daily.

To keep your student safe, please let the school nurse know immediately of any changes to your student's medical condition, treatment or emergency phone numbers.

**The following need to be returned to the School Nurse at your student's school:**

- **Emergency Action Plan**
- **Allergy Questionnaire**
- **Physician and Parent Authorization for Epi-Pen Medication Administration**
- **Food Services Modification Form (if needed)**

We are looking forward to a great year with your student!

Please call the School Health Services program at 288-2314 if you have any questions.



Dear Parent/Guardian:

Being a parent or guardian of a food-allergic child is not an easy task! It is no wonder that so many of us feel uneasy when it comes time to send our child to school. Careful planning will ease anxiety and help your child enjoy a safe and enriching school career, but it is definitely a team effort!

Your School Nurse has asked you to complete the enclosed packet of forms so that the Fayette County Public Schools can provide your child with a safe school environment. School Nurses, teachers, staff, administrators, food service personnel, bus drivers, and coaches are all part of this team effort. As a parent/guardian, you are a vital member of this team.

Enclosed you will find a checklist of responsibilities for parents/guardians, students, nurses, teachers, and other school personnel. This list was created by the Fayette County Coordinated School Health Council in an effort to ensure the best possible school experience for children with severe food allergies.

Locally, you can connect with other families with food allergies through our Lexington support group, Kentucky Families with Food Allergies. Through our quarterly meetings and e-mails, we offer strategies for safely managing life with food allergies. Our website is [KyFoodAllergies.org](http://KyFoodAllergies.org)

The national non-profit organization FARE (Food Allergy Research and Education) is also a great resource, offering educational information at [foodallergy.org](http://foodallergy.org)

Approximately 1 in 13 children have a food allergy, so know that your child is not alone. Working as a team, we can ensure a safe learning environment for all students.

Sincerely,

Laura Jackson, Coordinator  
Kentucky Families with Food Allergies Support Group  
[KyFoodAllergies@gmail.com](mailto:KyFoodAllergies@gmail.com)  
[KyFoodAllergies.org](http://KyFoodAllergies.org)

# ALLERGY HEALTHCARE PLAN

(This form will be made available to teachers and appropriate school staff.)

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian(s) Name(s): \_\_\_\_\_

Address/Zip Code: \_\_\_\_\_

Allergist/Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Hospital of Choice: \_\_\_\_\_

Parent/Guardian 1: — Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian 2: — Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Or call Emergency Contact if unable to reach Parent/Guardian:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Place  
Student's  
Picture  
Here

\*\*\*\*\*

1. Date of student's last allergic episode? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ☐ Never had an allergic episode ☐ Epi administered  
What happened? \_\_\_\_\_

2. Diagnosed by skin/blood testing? ☐ Yes ☐ No Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Physicians Name: \_\_\_\_\_  
\_\_\_\_\_

3. Has student ever been hospitalized for an allergic episode? Yes ☐ No ☐ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. Does your child react when they eat the above allergen? ☐ Yes ☐ No  
Type of reaction: ☐ Stomachache ☐ Itching ☐ Hives ☐ Itchy throat  
☐ Cough/Wheezing ☐ Anxiety/Restlessness ☐ Swollen lips or tongue  
☐ Other \_\_\_\_\_

5. If this is a food allergy, will the student be eating breakfast/lunch in the cafeteria daily? ☐ Yes ☐ No

6. Does your child react when they touch (or are bitten/stung if insect) the above allergen? ☐ Yes ☐ No  
Type of reaction: ☐ Rash ☐ Itching ☐ Hives ☐ Itchy throat ☐ Cough/Wheezing  
☐ Anxiety/Restlessness ☐ Swollen lips or tongue  
☐ Other \_\_\_\_\_

7. Does your child react when they smell or inhale the above allergen? ☐ Yes ☐ No  
Type of reaction: ☐ Stomachache ☐ Itching ☐ Hives ☐ Itchy throat  
☐ Cough/Wheezing ☐ Anxiety/Restlessness ☐ Swollen lips or tongue  
☐ Other \_\_\_\_\_

8. Can your child sit near someone eating the allergen? ☐ Yes ☐ No

9. Does your child know what the allergen looks like and how to avoid it? ☐ Yes ☐ No

# ALLERGY HEALTHCARE PLAN

School Year: \_\_\_\_\_

ALLERGENS: \_\_\_\_\_

10. What do you do at home (accommodations, diet restrictions, substitutions)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Can your child eat things processed in a facility that also processes the allergen? ☐ Yes ☐ No

12. Can the school send a letter home notifying the classroom about your child's allergy in order to decrease the chances the allergen will be brought to school by a classmate? ☐ Yes ☐ No

13. List the Medication(s) your student takes for allergic reactions (please fill out the attached Medication Authorization Form if needed) \*

Name of Medication:

Dosage:

Time of Day:

\_\_\_\_\_  
\_\_\_\_\_

14. Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* NOTE: If your child requires an EpiPen, then you and your healthcare provider must complete an Epi-Pen Parent Packet.

\* If your student requires the cafeteria food to be modified, restricted, or substituted, you must complete the Food Service Modification Form.

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Reviewed by: \_\_\_\_\_ RN Date: \_\_\_\_\_

# MEDICATION AUTHORIZATION FORM

(Please complete one form for each of your student's medications.)

|   |   |
|---|---|
| Student's Name: _____                     | DOB: _____  |
| Allergies: _____                          |   |
| Reason for medication or diagnosis: _____ |   |
| Medication: _____                         |   |
| Dosage: _____                             | Time of Day to be Administered: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM |
| School: _____                             | School Year: _____  |

In order for school personnel to administer any type of medication to the student, the Parent/Guardian must provide this signed authorization form. Medicine will be dispensed to the student by the School Nurse or by unlicensed school personnel trained and deemed competent by the School Nurse. The medicine must be sent to the school with complete instructions and in the original container with the Physician's Order OR pharmacy label firmly attached to the medication.

Please be sure to complete ALL of the information on this authorization form before returning it to school.

## ANY OVER THE COUNTER MEDICATIONS MUST BE ACCOMPANIED BY A PHYSICIAN'S ORDER

Medication to be administered during the school day must be brought to the school by the Parent/Guardian. Parents/Guardians shall pick up unused medication within two (2) weeks of the last day of school or it shall be destroyed. This authorization is valid for one school year and must be renewed at the beginning of each new school year.

The first dose of any new medication should NOT be given at school.

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### PARENT/GUARDIAN STATEMENT

- ☐ I, the undersigned Parent/Guardian of the student named above, request that a **\*trained staff member administer** the above medication to my student per Physician instructions. I agree to furnish the necessary prescribed medication and agree to notify the School Nurse immediately of any changes. I understand the Fayette County Board of Education Medication Policies & Procedures (09.2241) are readily available for me to read. I sign this voluntarily and with full knowledge of its significance. I agree to pick up any unused medication within two weeks of the last day of school, or the medication will be destroyed.

**\* Parent / Student are responsible to have medication available at school.**

X \_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

\*\*\*\*\*

Reviewed by: \_\_\_\_\_ RN Date: \_\_\_\_\_

**FOOD SERVICES MODIFICATION  
EATING AND FEEDING EVALUATION**

School Year: \_\_\_\_\_

This form must be completed and signed by a Physician if your student requires a dietary restriction. (i.e. no peanut butter, no strawberries, etc.) OR a food substitute (i.e. allergic to cow's milk – substitute soy milk).

This also pertains to other dietary accommodations (i.e. pureed foods, thickened liquid, etc.)

This form must be completed and signed by the student's Physician to reverse a previous accommodation (i.e. "Student no longer restricted on strawberries – Please lift restriction," "Student no longer requires pureed foods – Please lift restriction" etc.) Once the form is on file, it will remain valid until a new form is presented.

**PART A**

|  |              |                                   |                             |
|--|--------------|-----------------------------------|-----------------------------|
| Name of Student: _____   |              | Date of Birth: ____ / ____ / ____ |                             |
| Allergies: _____   |              |                                   |                             |
| Name of School: _____  | Grade: _____ | Classroom: _____                  |                             |
| Does student have a Disability/Special Need? If Yes, describe the major life activities affected.  |              | <input type="checkbox"/> Yes      | <input type="checkbox"/> No |
| Does student have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed Physician. |              | <input type="checkbox"/> Yes      | <input type="checkbox"/> No |

**IF STUDENT DOES NOT REQUIRE SPECIAL MEALS, PARENT/GUARDIAN CAN SIGN  
AT THE BOTTOM OF THIS FORM AND RETURN THE FORM TO THE SCHOOL'S FOOD SERVICE.**

**PART B**

List any dietary restrictions/allergies or special diet: \_\_\_\_\_

**Food(s) to OMIT :** ☐ Fluid Milk ☐ Cheese ☐ Yogurt ☐ Foods/recipes with milk or milk products as an ingredient  
☐ Whole eggs (scrambled, hard boiled) ☐ Food/recipes with any egg listed as an ingredient ☐ Wheat/Gluten  
☐ Oats ☐ Peanuts ☐ Tree Nuts ☐ Whole corn (corn kernel, tortilla chips, corn muffin, popcorn)  
☐ NO foods/recipes with corn listed as an ingredient (corn syrup, cornstarch, etc.) ☐ Shellfish ☐ Fish  
☐ Other: \_\_\_\_\_ For nutrition/ingredients for FCPS meals: [www.fayette.nutrislice.com](http://www.fayette.nutrislice.com)

List any foods to avoid for religious reason\*\* ☐ Pork ☐ Gelatin \*\*Religious reason does not require Physician Signature

☐ Food Intolerance: \_\_\_\_\_ ☐ Avoid Red Dye ☐ Avoid Lactose

List foods to be substituted: \_\_\_\_\_

☐ NO Substitutes required ☐ Please Substitute with ☐ Lactose Free ☐ Soy Free ☐ Sun butter

|                                      |   |  |
|--------------------------------------|---|--|
| <b>Texture Modification:</b><br><br> | <b>Liquids:</b><br><input type="checkbox"/> Thin (Regular liquids)<br><input type="checkbox"/> Nectar Thick<br><input type="checkbox"/> Honey Thick<br><input type="checkbox"/> Pudding Thick | <b>Solids:</b><br><input type="checkbox"/> Large foods cut into bite size<br><input type="checkbox"/> Mechanical Soft (chopped)<br><input type="checkbox"/> Mechanical Soft (ground)<br><input type="checkbox"/> Pureed (Applesauce texture) |
|--------------------------------------|---|--|

List any special equipment or utensils that are needed: \_\_\_\_\_

Indicate any other comments about student's eating or feeding patterns: \_\_\_\_\_

Which meals will your student eat from the Cafeteria? ☐ Breakfast ☐ Lunch ☐ None (will bring from home)

|                                    |                          |
|------------------------------------|--------------------------|
| Parent/Guardian's Signature: _____ | Date: ____ / ____ / ____ |
| Physician's Signature: _____       | Date: ____ / ____ / ____ |

REVIEWED BY: \_\_\_\_\_ RN DATE: \_\_\_\_\_

## **ROLES IN THE MANAGEMENT OF STUDENTS WITH A NON-LIFE THREATENING ALLERGY**

### **PARENT/GUARDIAN'S RESPONSIBILITIES**

- Notify the school of the student's allergies prior to the start of the school year OR as soon as possible after a new diagnosis
- Fill out and return the packet sent in the mail or sent home
- Provide a list of products and/or ingredients to avoid
- Work with the school team to develop a plan that accommodates the student'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
- Attach a current photograph of your student to the forms sent to you
- Educate the student in the self-management of their allergy including:
  - \* Safe and unsafe products
  - \* Strategies for avoiding exposure to allergen
  - \* Symptoms of allergic reactions
  - \* How and when to tell an adult they may be having an allergy-related problem
  - \* How to read food labels when applicable (age appropriate)
- Review policies/procedures with the school staff, the student's physician, and the student (if age appropriate) after a reaction has occurred.
- Provide emergency contact information and notify school immediately if information changes!
- Provide the School Nurse with a Physician's Statement if student no longer has allergies.
- If your child has a food allergy, leave a bag of "Safe Snacks" in your student's classroom so there is always something your student can choose from during an unplanned special event

### **SCHOOL'S RESPONSIBILITY**

- Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA.
- Review the health records submitted by Parent/Guardian(s) and Physicians.
- Include students with allergies in school activities; students should not be excluded from school activities solely based on their allergy.
- If it will not negatively impact their academic progress, consider clustering students with similar allergies in the same classroom to promote peer support and avoidance of common allergens.
- Assure that all staff who interact with the student on a regular basis work with other school staff to eliminate the use of allergens in the allergic student's meal, educational tools, arts and crafts projects, or incentives.
- 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.
- Take threats or harassment against an allergic student seriously
- Discuss field trips with the family and students with allergies to decide appropriate strategies for managing the allergy.

### **RESPONSIBILITIES OF THE CLASSROOM TEACHER**

- Participate in in-service training offered by the School Nurse that addresses the student with allergies.
- Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's allergies and necessary safeguards.
- ☐ Leave information in an organized, prominent, and accessible format for substitute teachers
- Educate classmates to avoid endangering, isolating, stigmatizing, or harassing students with allergies; be aware how the student with allergies is being treated; enforce school rules about bullying and threats.
- Inform parents of any school events where food will be served if a student has a food allergy
- Never question or hesitate to act if a student reports signs of an allergic reaction.
- Use stickers, pencils, or other non-food items as rewards instead of food to decrease the risk of reactions

### **CLASSROOM TEACHER - FIELD TRIPS**

- Notify the School Nurse two weeks prior to a scheduled field trip and include date, time and location.
- Ensure that a functioning cell phone or other communication device is taken on field trip.
- Review plans for field trips – avoid high-risk places.
- The student's safety or attendance must not be conditioned on the parent's presence. Parent/Guardian must complete a background check prior to field trip in compliance with Fayette County Public School Policy.
- Consider ways to wash hands before and after eating in cases of food allergy.

### **CAFETERIA RESPONSIBILITIES**

- Read all food labels and recheck routinely for potential food allergies.
- Train all food service staff and their substitutes to read product food labels and recognize food allergens.
- Review and follow sound food handling practices to avoid cross contamination with potential food allergens.
- Be aware of which students have food allergies.

## **SCHOOL NURSE RESPONSIBILITIES**

- □□Prior to entry into school or immediately after diagnosis ensure allergy packet received from parent/guardian.
- As soon as possible, notify all staff who come in contact with the student with allergies - including principal, teachers, specialists, food service personnel, aids, PE teacher, bus driver, etc.
- Place a medical alert in Infinite Campus

## **STUDENT'S RESPONSIBILITIES**

- Should not trade food with others if has food allergy.
- Should not eat anything with unknown ingredients or known to contain any allergen if has food allergy.
- Should be proactive in the care and management of their allergies and reactions based on their developmental level.
- Should notify an adult immediately if they eat something they believe may contain the allergen.
- Wash hands before and after eating if has food allergy.
- Learn to recognize symptoms of an allergic reaction.

**It is important that children take on more responsibility for their allergies as they grow older and are developmentally ready. Consider teaching them to:**

- 1. Communicate the level of severity of the allergy.**
- 2. Communicate symptoms as they appear.**
- 3. Read labels as applicable.**