



Lexington-Fayette County Health Department

SCHOOL HEALTH DIVISION

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(859) 288-2314
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EMERGENCY MEDICAL PLAN ALLERGY AND EPIPEN PARENT PACKET

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 help your student, please let us know of any changes in your student's medical condition or emergency daytime 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**

We are looking forward to a great year with your student. Please call the Health Department's School Health Services Program ☐ at 288-2314 if you have any questions.

Emergency Medical Plan Allergy and EpiPen Parent Packet

Student's Name: _____ DOB ___/___/___ School: _____

1. Allergies: _____

2. Date of student's last allergic episode? ___/___/___ Never had an allergic episode

What happened? _____

3. Diagnosed by skin/blood testing? Yes No Date ___/___/___ Physicians Name: _____

4. Has student ever been hospitalized for an allergic episode? Yes No Date ___/___/___

5. Does your student 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 _____

6. If this is a food allergy, will you be sending lunch? Yes No

7. Does your student react when they are bitten, stung, or touch the above allergen? Yes No

Type of reaction: Rash Itching Hives Itchy throat Cough/Wheezing

Anxiety/Restlessness Swollen lips or tongue

Other _____

8. Does your student 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 _____

9. Can your student sit near someone eating the allergen? Yes No

10. Does your student know what the allergen looks like and how to avoid it? Yes No

11. What do you do at home (accommodations, diet restrictions, substitutions)? _____

12. Can your student eat things processed in a facility that also processes the allergen? Yes No

13. Can the school send a letter home notifying the classroom about your student's allergy? Yes No

14. 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:

additional comments: _____

REVIEWED BY: _____ RN DATE: _____

*Note: If your child requires an EpiPen, then you and your healthcare provider must complete the next three pages of this packet, the Emergency Action Plan and the Authorization for EpiPen Medication Administration form.

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

LIFE-THREATENING ALLERGY EMERGENCY ACTION PLAN

School Year: _____

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

Student's Name: _____ DOB: ____/____/____

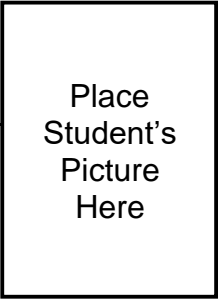
School: _____ Teacher: _____ Grade: _____

Bus Rider: Yes No Bus #: AM _____ PM _____ Non-Transported

Parent/Guardian(s) Name(s): _____

Address/Zip Code: _____

Doctor: _____ Phone #: _____ Hospital of Choice: _____



TYPICAL SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems: Symptoms:

- **MOUTH** Itching and swelling of the lips, tongue, or mouth.
- **THROAT** Itching and/or a sense of tightness in the throat, hoarseness, and hacking cough.
- **SKIN** Hives, itchy rash, and/or swelling about the face or extremities.
- **GUT** Nausea, abdominal cramps, vomiting, and/or diarrhea.
- **LUNG** Shortness of breath, repetitive coughing, and/or wheezing.
- **HEART** "Thready" pulse, "passing-out"

The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation!

STUDENT'S ALLERGY IS TO: _____

STUDENT'S TYPICAL REACTION: _____

STUDENT'S OTHER KNOWN ALLERGIES: _____

ACTION TO BE TAKEN:

1. If ingestion/exposure is suspected, give: _____
Medication/Dose/Route

_____ Medication/Dose/Route

2. Location of Medication/Epi-Pen: _____

3. Call Rescue Squad (911) if Epi-Pen is used.

4. Call Parent/Guardian 1: — Home: _____ Work: _____ Cell: _____

Call Parent/Guardian 2: — Home: _____ Work: _____ Cell: _____

Or call Emergency Contact from list below if unable to reach Parent/Guardian.

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD
EVEN IF PARENT/GUARDIAN(S) CANNOT BE REACHED!**

EMERGENCY CONTACTS	TRAINED STAFF MEMBERS (School Use Only)
1. _____ Relation: _____ Phone: _____	1. _____ Room: _____
2. _____ Relation: _____ Phone: _____	2. _____ Room: _____
3. _____ Relation: _____ Phone: _____	3. _____ Room: _____

REVIEWED BY: _____ RN DATE: _____

PHYSICIAN AND PARENT/GUARDIAN AUTHORIZATION FOR EPI-PEN MEDICATION ADMINISTRATION

The Board of Education of Fayette County has adopted a procedure wherein a member of the staff of the school the student is attending will administer either an injection or prescribed drug in the event of a crisis. The undersigned understands that the staff member administering the above care is not a trained health professional, but is trained by the School Nurse per state law and that this individual will undertake to do his or her best to comply with the recommended procedure as developed by the student's Physician in the case of a life-threatening emergency wherein immediate intervention is required by the volunteer.

The undersigned Parent/Guardian does hereby consent to the intervention of the volunteer staff member in accordance with the Physician's instructions. Additionally, the undersigned agrees to hold that volunteer harmless for any injuries resulting from the emergency care unless the injury was caused by the volunteer's negligence.

PHYSICIAN ORDER FOR EMERGENCY ACTION PLAN

To be completed by the student's Physician and returned to the School Nurse.

STUDENT'S NAME: _____ **DOB:** _____

ALLERGEN: _____

STUDENT'S TYPICAL REACTION: _____

STUDENT'S OTHER KNOWN ALLERGIES: _____

ACTION TO BE TAKEN:

- 1. If ingestion/exposure is suspected, give: _____
Medication/Dose/Route
- _____
Medication/Dose/Route

- 2. Call Rescue Squad (911) if Epi-Pen is used.
- 3. Notify Parent/Guardian or Emergency Contact.

I believe this student is able to carry and administer his or her own medication at the appropriate time and in the appropriate way. This student has been instructed on the indication for medication usage

and methods of administration. Please check: Yes No

X _____
 (Physician's Signature) (Physician's Name - Printed) Date Signed

***PLEASE NOTE: The School Nurse is NOT always in the school building and trains non-medical staff to administer medication. See above and below.**

PARENT/GUARDIAN STATEMENT

I, the undersigned Parent/Guardian of _____ **request that a *trained staff member administer** the above medication to the 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 it shall be destroyed.

I, the undersigned Parent/Guardian of _____ **give consent for **my student to self-administer** the above medication(s). I understand the Fayette County Board of Education Medication Policies & Procedures (09.2241) are readily available for me to read. I hereby agree to release and hold the school staff free and harmless for any claims, demands, or suits for damages from any injury or complication that may result from such treatment. I have read this consent and understand all its terms. I sign it voluntarily and with full knowledge of its significance. The School Nurse reserves the right to monitor the student periodically throughout the year. *** Parent/Student are responsible to have medication available at school. ** Self-Administered medication not provided or monitored by school staff.**

X _____
 (Parent/Guardian's Signature) Date Signed

REVIEWED BY: _____ **RN** **DATE:** _____

COPY TO: School Nurse
 Teacher
 Cafeteria Manager



Food Service Modification Form

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: _____		Is this Allergy Anaphylactic? YES NO	
Current School: _____	Grade: _____	Classroom: _____	
Does student have a Disability/Special Need? 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

PART B

List any dietary restrictions/allergies or special diet: _____		
Food(s) to OMIT : <input type="checkbox"/> Fluid Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Yogurt <input type="checkbox"/> Foods/recipes with milk or milk products as an ingredient		
<input type="checkbox"/> Whole eggs (scrambled, hard boiled) <input type="checkbox"/> Food/recipes with any egg listed as an ingredient <input type="checkbox"/> Wheat/Gluten		
<input type="checkbox"/> Oats <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Whole corn (corn kernel, tortilla chips, corn muffin, popcorn)		
<input type="checkbox"/> NO foods/recipes with corn listed as an ingredient (corn syrup, cornstarch, etc.) <input type="checkbox"/> Shellfish <input type="checkbox"/> Fish		
<input type="checkbox"/> Other: _____ For nutrition/ingredients for FCPS meals: www.fayette.nutrislice.com		
<input type="checkbox"/> List any foods to avoid for religious reason ** <input type="checkbox"/> Pork <input type="checkbox"/> Gelatin ** <small>Religious reason does not require Physician Signature</small>		
<input type="checkbox"/> Food Intolerance: _____ <input type="checkbox"/> Avoid Red Dye <input type="checkbox"/> Avoid Lactose		
List foods to be substituted: _____		
<input type="checkbox"/> NO Substitutes required Please Substitute with <input type="checkbox"/> Lactose Free <input type="checkbox"/> Soy Free <input type="checkbox"/> Sun butter		
Texture Modification:	Liquids:	Solids:
	<input type="checkbox"/> Thin (Regular liquids)	<input type="checkbox"/> Large foods cut into bite size
	<input type="checkbox"/> Nectar Thick	<input type="checkbox"/> Mechanical Soft (chopped)
	<input type="checkbox"/> Honey Thick	<input type="checkbox"/> Mechanical Soft (ground)
	<input type="checkbox"/> Pudding Thick	<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? <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> None (will bring from home)		
Parent/Guardian's Signature: _____		Date: ____/____/____
Physician's Signature: _____		Date: ____/____/____

REVIEWED BY NURSING: _____ **RN** **DATE:** _____

ROLES IN THE MANAGEMENT OF STUDENTS WITH LIFE-THREATENING ALLERGIES

PARENT/GUARDIAN'S RESPONSIBILITIES

- Notify the school of the student's allergies prior to the start of the school year – fill out and return the packet sent in the mail OR as soon as possible after a new diagnosis.
- Participate in developing an emergency plan for your student with the School Nurse.
- Provide a list of foods and 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.
- Provide written medical documentation, instructions, and medications as directed by a physician.
- Attach a current photograph of your student to the forms sent to you in the mail.
- Provide properly labeled medications and replace medications after use or upon expiration.
- Decide if additional epinephrine auto-injectors will be kept in the school.
- Educate the student 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 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.
- 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 food-allergic students in school activities. Students should not be excluded from school activities solely based on their food 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 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 meal, educational tools, arts and crafts projects, or incentives.
- Coordinate with the School Nurse to be sure medications are appropriately stored.
- 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.
- 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 food-allergic student to decide appropriate strategies for managing the food allergy.

RESPONSIBILITIES OF THE CLASSROOM TEACHER

- Participate in in-service training offered by the School Nurse that addresses the student with food allergies.
- Be aware of allergens that cause life-threatening allergies such as foods, insect stings, medications, latex and have a copy of the student's Emergency Plan.
- Know how to manage an emergency and administer an epinephrine auto-injector.
- 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 food allergies. Be aware how the student with food allergies is being treated; enforce school rules about bullying and threats.
- Inform parents of any school events where food will be served.
- 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.

FIELD TRIPS

- Notify the School Nurse two weeks prior to a scheduled field trip and include date, time and location.
- Ensure epinephrine auto-injectors and instructions are taken on field trips.
- Ensure that a functioning cell phone or other communication device is taken on field trip.
- Review plans for field trips – avoid high-risk places.
- Know where the closest medical facilities are located.
- Invite parents of a student at risk for anaphylaxis to accompany their student on school trips in addition to a chaperone. However, 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.
- One to two people on the field trip should be trained in recognizing symptoms of life-threatening allergic reactions, trained to use an epinephrine auto-injector, and trained in emergency procedure.

TRANSPORTATION RESPONSIBILITIES

- Consider ways to wash hands before and after eating.
- Participate in in-service training offered by the School Nurse that addresses the student with food allergies.
- Be aware of allergens that cause life-threatening allergies such as foods, insect stings, medications, latex and have a copy of the student's emergency plan.
- Know how to manage an emergency and administer an epinephrine auto-injector.

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.
- Strictly follow cleaning and sanitation protocol to avoid cross-contamination.
- Be aware of which students have food allergies, know how to recognize food allergy reaction and how to follow emergency care plan.
- Create specific areas that will be allergen safe.

SCHOOL NURSE RESPONSIBILITIES

- Prior to entry into school or immediately after diagnosis, develop an emergency plan for the student.
- Assure the emergency plan includes the student's name, allergens, symptoms of allergic reactions, emergency procedures, and required signatures. Familiarize teachers by the opening of school if possible.
- Preferably before school starts, 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.
- Train two office staff personnel in emergency medication administration prior to the start of school and other appropriate staff members within a month of the start of school.
- Place a medical alert in Infinite Campus.
- Provide information about students with life-threatening allergies to all staff on a need-to-know basis (including bus drivers),
- Conduct in-service training and education for appropriate staff regarding a student's life-threatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer an epinephrine auto-injector.
- Document which school personnel have been trained.

STUDENT'S RESPONSIBILITIES

- 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.
- Wash hands before and after eating.
- Learn to recognize symptoms of an allergic reaction.
- Know where the epinephrine auto-injector is kept and how to access it if not kept on person.
- Carry his/her own epinephrine auto-injector if age appropriate, and if Physician and parent have completed appropriate forms for him/her to carry and administer epinephrine.

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

- Communicate the seriousness of the allergy.
- Communicate symptoms as they appear.
- Read labels.
- Carry own epinephrine auto-injector.
- Administer own epinephrine auto-injector and be able to train others (i.e., classmates, friends, etc.) in its use.