

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management)

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

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

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

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

An Individualized Health Care Plan (IHCP) and an Emergency Care Plan (ECP) shall be developed and implemented for students that are identified with food allergies. In addition, the Board recognizes that students with documented life-threatening food allergies may be considered disabled and eligible for coverage under The Disabilities Act and Public Law 93-112 and Section 504 of The Rehabilitation Act of 1973. A clearly-defined "504 Accommodation Plan" shall be developed and implemented for all such identified students if it has been properly demonstrated that the child's impairment is such that it substantially limits one or more major life activities, (i.e., the disability must significantly affect a major life function) and necessary accommodations must be made to ensure full participation of identified students in student activities. Such plan shall be signed by the appropriate staff, the parent/guardian of the student and the student's physician.

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

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(cf. 5141 - Student Health Services)

(cf. 5141.21 - Administering Medication)

(cf. 5145.4 - Nondiscrimination)

Legal Reference: Connecticut General Statutes
10-15b Access of parent or guardian to student's records.
10-154a Professional communications between teacher or nurse and student.
10-207 Duties of medical advisors.
10-212a Administrations of medications in schools
10-212a(d) Administration of medications in schools by a paraprofessional
10-220i Transportation of students carrying cartridge injectors
52-557b Good Samaritan Law. Immunity from liability for emergency medical assistance, first aid or medication by injection
PA 05-104 An Act Concerning Food Allergies and the Prevention of Life-Threatening Incidents in Schools
PA 05-144 and 05-272 An Act Concerning the Emergency Use of Cartridge Injectors
The Regulations of Connecticut State Agencies section 10-212a through 10-212a-7
Federal Legislation
Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et seq.)
Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. §12101 et seq.; 29C.F.R. §1630 et seq.
The Family Education Rights and Privacy Act of 1974 (FERPA)
The Individuals with Disabilities Education Act of 1976 (IDEA) (20 U.S.C. § 1400 et seq.; 34 C.F.R. § 300 et seq.
FCS Instruction 783-2, Revision 2, Meal substitution for medical or other special dietary reasons.
Land v. Baptist Medical Center, 164F3d423 (8th Cir. 1999)

Policy adopted: August 17, 2010

PUTNAM PUBLIC SCHOOLS
Putnam, Connecticut

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Identification of Students with Life-Threatening Food Allergies

Strategies to be used to identify students with life-threatening food allergies may include using school newsletters, kindergarten registration, school nurse communications with families (i.e., new student health history form), and communication with community nursery schools and preschools. These strategies for identification of students with life-threatening food allergies facilitate proper planning prior to the beginning of the school year.

Process for Annual Development of Individualized Health Care Plan

A formalized process will be used for the development of an individualized health care plan for students with life-threatening food allergies. This process includes a standardized template for the development of both the Individualized Health Care Plan (IHCP) and the Emergency Care Plan (ECP), recommendations of team members who are involved in the development of the IHCP, a process to obtain medical information and proper authorizations to administer medication from the student's health care provider, and a process to develop other accommodations within the IHCP such as allergen-free zones in the classroom or cafeteria.

Administration of Medications

Medication administration for students with life-threatening food allergies must follow District policy and procedures regarding medication administration. Medication administration at schools and at school activities must be in compliance with CGS, Section 10-212a and Sections 10-212a - 1 through 10-212a -7 of the Regulations of the Connecticut State Agencies.

Administration of medications during the school day: In the absence of a school nurse, administration of an epinephrine cartridge auto-injector may be administered by a principal, teacher, occupational therapist (OT) or physical therapist (PT) with proper training by the school nurse. An individual paraprofessional who has been properly trained in medication administration may administer an epinephrine auto-injector to a specific child with life-threatening food allergies if approved by the school nurse and the School Medical Advisor with proper authorization from the parent and health care provider.

Training for medication administration: The school nurse shall provide the training on administration of medication to all school personnel to whom they delegate the administration of medications. This training must include the medication, the desired effects, when and how to administer the medication, the potential side effects, and the emergency response plan.

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Administration of Medications (continued)

Supervision: The school nurse is responsible for the supervision of the other school personnel who are delegated responsibility for administering medications.

Other considerations: Other considerations include the following:

- Obtaining proper medication authorizations from the student's health care provider [licensed physician, APRN or Physician's Assistant (PA)];
- Parental permission to administer medication at school;
- Ensuring medication is provided by the parent for use in the school setting;
- Determination of where medications will be stored (i.e., in the health room, in the classroom, carried by the student on their person);
- Safety considerations including storage during and beyond the school day; and
- Determination of competence of an individual student's ability to self-administer their own medication by the authorized health care provider, the parent, and the school nurse.

Standing Orders: A standing order from the School Medical Advisor for the school nurses to administer epinephrine to students who are not known to have a life-threatening food allergy, do not have their own medication order and have their first anaphylactic reaction in school. This standing order shall include an order to administer a second dose of epinephrine if the symptoms of an anaphylactic reaction have not subsided within a specified number of minutes with the first dose of epinephrine. These orders shall be reviewed and signed by the School Medical Advisor on an annual basis.

Communication Plans

The expectations for communication and privacy issues between relevant school staff (such as school nurses, teachers, administrators, etc), families and the student's health care providers (such as physicians, nurses, and EMS) include:

- Obtaining documentation by the student's health care provider (licensed physician or Advanced Practice Registered Nurse [APRN]) of the life threatening allergies, which may include the proper authorizations for medications and emergency response protocols.
- A communication process with the student's health care providers and parents regarding individual student's prevention and management plans.
- Establishing communication systems within the school (i.e., walkie-talkies) and during off-site activities (i.e., cell phones or radios on school transportation and field trips).

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Communication Plans (continued)

- Determining a communication processes between school and parents of children without life-threatening food allergies including standard parental notification letters regarding allergen classrooms.
- Establishing procedures that ensure the appropriate people (such as all teachers, paraprofessionals, custodian, bus driver and substitute staff) are familiar with the IHCP and emergency plan.

Provisions for Initial and Ongoing Education for School Community (including clinical updating to school nurses and school medical advisors)

The District will need to answer questions based upon their local needs, such as:

- Why are we doing this education and who will conduct it?
- Will this education be offered on a school or districtwide basis?
- Who will attend these educational opportunities?
- What are the key messages that need to be delivered?
- How often will this education occur?

Education and professional development opportunities: The school nurse may need to update clinical knowledge and skills related to severe food allergy in school settings. This would include information pertaining to: allergies; individualized health care plans; emergency care plans; transportation plans and issues; accommodations within regular education; requirements of Section 504, appropriate school district policies and procedures; collaborating with families; and implications of normal development in drafting care plans.

The school nurse in collaboration with the parent(s) of students with life-threatening food allergies and School Medical Advisor shall provide education to relevant school staff such as classroom teacher/specialist, substitutes, students, school administrators, school food service staff, custodians, bus drivers, coaches and other on-site persons in charge of conducting after school activities. This education may include: overview of life-threatening food allergies; prevention strategies; emergency care plans; medication training; food safety; sanitation; and specific accommodations, such as field trips.

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Education and professional development opportunities: (continued)

The school nurse in collaboration with school administration may provide education to parents of students with life-threatening food allergies. This education may include: general information (anaphylaxis, epinephrine, etc); school medication policies and procedures; and school policies and procedures related to the development of school plans to manage life-threatening food allergies.

The school nurse in collaboration with school administration, the School Medical Advisor and parent(s) of students with life-threatening food allergies should provide education to the school and community partners (including parents of children without life-threatening food allergies, health care providers and parent volunteers). This education may include: general terms (anaphylaxis, epinephrine etc.); prevention strategies; and school policies and procedures.

The school nurse in collaboration with school administration and food allergy educators may provide education to peers of students with life-threatening food allergies. Peer education is a critical component of food allergy management at school. As students with life-threatening food allergies and their peers mature, it is often the children themselves that first recognize a reaction and summon help. This education may include general terms (anaphylaxis, epinephrine, etc); school policies on prevention strategies, such as prohibiting food swapping and allergen free zones; and school policies on bullying and teasing.

In addition to education of the school community, education efforts should also include education for the individual student to promote self-advocacy and competence in self-care. Strategies may include:

- Collaborating to help families and school staff define reasonable (and unreasonable risks) for children at each developmental stage. These risks may include self-carrying and self-administration of medication, making food choices in the school cafeteria, educating peers about life-threatening food allergies, etc.
- Determining appropriate steps for safety in the context of children's needs to take risks in order to learn and develop.

Prevention Measures

Prevention measures shall include:

- Effective sanitation and cleaning measures, such as cleaning of lunch table and classroom surfaces with disposable paper towels and cleaning products known to effectively remove food proteins.

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Prevention Measures (continued)

- Promotion of hand-washing practices following eating to prevent cross-contact using recommended procedures of soap and water or hand wipes when soap and water are not available. Hand sanitizers are not effective for removing food allergens or dirt.
- Enforcement of safe practices among students, such as prohibiting meal/snack swapping, utensil swapping among students, and prohibiting eating on school transportation.
- Consideration of allergen-free zones such as the classroom, lunch tables, or cafeteria zone to decrease exposure to allergen.
- Consider options for food-free common areas (such as libraries, music and art rooms, etc.)
- Development of common practices for alerting and assigning substitute staff for school nurses and teachers.
- Provide supervision in the cafeteria and on the playground by trained and knowledgeable staff in recognition of symptoms of anaphylaxis and emergency plans.
- Plan for celebrations (birthdays, school parties, holidays, and other school events) which may include alternatives to food for celebrations, provisions for allergy-free foods for celebrations, etc.)
- Plan for fire drills, lockdowns, or shelter in place which may include considerations for access to medications, allergy free foods, etc.
- Plan for PTO/PTA sponsored events for students including those with life-threatening food allergies.
- Discuss use of classrooms and other school facilities by outside groups and safety considerations necessary.
- Adhere to OSHA and Universal Precautions Guidelines for disposal of epinephrine auto-injectors after use.

Food Service and Food Safety Considerations

School Meals: Generally, children with food allergies or intolerances that are not life-threatening do not have a disability as defined under either Section 504 of the Rehabilitation Act or IDEA. Therefore, school food services may, but are not required to, make food substitutions. Any substitutions made would require a completed “Medical Statement for Children *without* Disabilities” to be on file.

However, if a licensed physician determines the food allergy is severe enough to result in a life-threatening (anaphylactic) reaction, the school food service program must make the substitutions prescribed by the physician, even if the child is not considered disabled under Section 504 or IDEA. In this case, the “Medical Statement for Children *with* Disabilities” form must be completed and on file.

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Food Service and Food Safety Considerations (continued)

The school nurse has the lead in obtaining appropriate documentation such as medical statements. It is essential that this information is communicated to the School Food Service Director.

Collaboration with food service staff is essential to assist the student with life-threatening food allergies to participate in the school meal program. With documentation from the student's health care provider, meal substitutions can be made to ensure that students are provided with food choices that avoid certain foods. To the extent possible, school food service staff should provide parents with food labels so that they can identify and approve which foods that their child may select for meals in school.

Food Safety: The School Food Service Director has the responsibility to insure school food service facilities are operated in compliance with state and local regulations. School food service employees are to be provided annual training on the issues and concerns in regards to food allergies in the school environment.

School food service allergy awareness training may include: identifying the major allergens; label reading; cleaning and separating to avoid cross contact with allergens; personal hygiene to avoid cross contact with allergens; and developing standard operating procedures to document and monitor allergen free measures and preparation areas within the kitchen.

(Note: The Food Allergy & Anaphylaxis Network, in cooperation with the National Restaurant Association, has developed training program guidelines for food service employees that may be obtained through the Food Allergy & Anaphylaxis Network at (800-929-4040). Special procedures for handling meal accommodations for children with life-threatening food allergies and other special dietary needs can be obtained by contacting the Connecticut State Department of Education. Information regarding the U.S. Department of Agriculture's requirements can be found in *Accommodating Children with Special Dietary Needs in the School Nutrition Programs: Guidance for School Food Service Staff* at:

http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf

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Monitoring Effectiveness of District Plan and Procedures

Ensure periodic assessments of the effectiveness of the District plan and procedure. Assessments should occur:

- At least annually with the school district team;
- After each emergency event involving the administration of medication to determine the effectiveness of the process, why the incident occurred, what worked and did not work in the District plan and procedures; and
- Include new research and practices in the annual review of the plan and procedures.

Development of Individualized Health Care Plans (IHCP) for Students

Children with life-threatening food allergies should have an Individualized Health Care Plan (IHCP) and an Emergency Care Plan (ECP) to address how that child's health and safety needs will be met while in school.

Emergency Care Plans (ECP): The written Emergency Care Plan (ECP) for students with life-threatening food allergies may sometimes be called an Allergy Action Plan (AAP). An ECP provides specific directions about what to do in a medical emergency such as an accidental exposure to the allergen or safety emergency such as a fire drill or lockdown. The ECP is often part of the IHCP. This written plan helps the school nurse, school personnel and emergency responders react to an emergency situation in a prompt, safe and individualized manner. The ECP includes:

1. The child's name and other identifying information, such as date of birth and grade and photo;
2. The child's specific allergy;
3. The child's signs and symptoms of an accidental exposure to the allergen;
4. The medication to be administered in the event of an accidental exposure to the allergen;
5. The location and storage of epinephrine auto-injector(s);
6. Who will administer the medication (including self-administration options);
7. Follow-up plan (i.e., calling 911);

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Emergency Care Plans (ECP) (continued)

8. Recommendation that if the child continues to experience symptoms after the administration of epinephrine auto-injector, especially if drop in blood pressure (BP), dizziness or lightheadedness occurs, then place the student lying on his/her back (supine position) with their legs elevated above their head; and
9. Emergency contacts for parents/family and medical provider.

In order to develop the ECP, the school nurse should obtain current health information from the family and the student's health care provider(s), including student's emergency plan and all medication orders and consult with the health care provider as indicated to clarify emergency medical protocol and medication orders.

Individualized Health Care Plans and the Essential Components

In addition to the development of the ECP, students with life-threatening food allergies should also have an Individualized Health Care Plan (IHCP). In order for this to happen, it is necessary to determine a process for developing and implementing an individualized plan for the student. This process should include:

- Identification of a core team to establish the plan. The school nurse should have the lead role on this team. In addition to the school nurse, this team should include, at a minimum, parent(s), guardian(s) or other family members; school administrator(s); classroom teacher and the student (if appropriate). Other possible members include the School Medical Advisor, school-based health clinics, student's health care provider, special teachers such as culinary arts, and other school staff such as the school food service manager.
- Collaboration between the school nurse and parent to consider developmentally and age appropriate accommodations and draft language for consideration at the core team meeting.
- Meeting of team members to finalize IHCP. While the health care providers can offer recommendations for the types of accommodations needed in the school setting, it is the core team's responsibility for the development of these recommendations based on the student's needs and the school environment for the student (e.g., IHCP or Section 504 plan). If the team determines that a student does meet the eligibility requirements for Section 504, the IHCP may be considered one and the same as the Section 504 plan.

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Individualized Health Care Plans and the Essential Components (continued)

- Based on the student's health status, determine the minimum frequency with which health information will be reviewed and the plan updated accordingly.
- Clarify the roles and responsibilities of each member of the core team. Ensure that all team members' opinions are considered equally.

Note: See CSDE's *Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools, Appendix A* for suggested roles and responsibilities of team members.

IHCP's are usually developed for students with special health needs or whose health needs require daily intervention. These plans describe how to meet an individual child's daily health and safety needs in the school setting. An individual health care plan includes functional health issues (nursing diagnoses), student objectives (expected outcomes) for promoting self-care and age appropriate independence, responsibilities of parents, school nurse, teacher, student and administration as appropriate.

Individualized health care plans should address student needs both during the normal school day and situations outside of the normal school routine. This information may be distributed to all school staff who have responsibility for the student with life-threatening food allergies. Considerations to be included in the individual health care plan and accommodation plans for students with life-threatening food allergies may include:

- classroom environment, including allergy free considerations;
- cafeteria safety, including allergy free tables or zones;
- participation in school nutrition programs;
- snacks, birthday and other celebrations;
- alternatives to food rewards and incentives;
- hand-washing;
- location(s) of emergency medication;
- risk management during lunch and recess times;
- classroom projects (e.g., science activities that may involve food or allergen products);
- classroom jobs (e.g., feeding fish, washing tables, etc.);
- specials, such as music and art;
- special events (e.g., cultural programs, science programs);
- field trips, fire drills, and lockdowns;
- staff education;
- substitute staff notification and training (including nurses, teachers, specials, student teachers, cafeteria staff, and others as appropriate);

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Individualized Health Care Plans and the Essential Components (continued)

- school transportation;
- transitions to after-school programs;
- athletic and extracurricular activities;
- individualized adaptations of district parental notification letter (if necessary);
- PTO or PTA sponsored events for students; and
- transitions to new grades and school buildings in the District.

Additional considerations for middle and high school students include:

- transportation on sports team bus;
- school dances;
- biology labs;
- open campus and extended study periods;
- vending machine options; and
- culinary arts programs.

The Individualized Health Care Plan (IHCP) may also include a summary of nursing assessments. The Individual Health Care Plan is also used to document interventions and evaluate outcomes.

IHCP's should be updated at least annually, and more frequently as necessary to keep pace with changing student needs and school environment. During this update, a review of the student's competency levels, self-care plans, and changes in the school environment should be considered.

Reviews should occur:

- at least annually with the school team, including the parents or guardians, and when appropriate, the student;
- more frequently if there are changes in the student's emergency care plan, changes in the self-monitoring and self-care abilities of the student, or whenever an adjustment to the plan is appropriate; and
- after each emergency event involving the administration of an EpiPen® (a summative evaluation) to determine the effectiveness of the process, why the incident occurred, what worked and did not work and person(s) involved.

Regulation approved: August 17, 2010

PUTNAM PUBLIC SCHOOLS
Putnam, Connecticut

EMERGENCY HEALTH CARE PLAN

Place
Child's
Picture
Here

ALLERGY TO:		
Student's Name:		
DOB:		
Teacher		
Asthmatic	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
* Denotes HIGH RISK for severe reaction		

SIGNS OF AN ALLERGIC REACTION INCLUDE	
Systems:	Symptoms:
MOUTH	itching & 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!	

Action:

- If ingestion is suspected, give (*medication/dose/route*) _____ and _____ **immediately!**
- CALL RESCUE SQUAD: _____
- CALL: Mother _____ Father _____
or emergency contacts.
- CALL: Dr. _____ at _____

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD
EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED!**

<i>Parent Signature</i>	<i>Date</i>	<i>Doctor's Signature</i>	<i>Date</i>
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Emergency Contacts		Trained Staff Members	
1.		1.	
<i>Name/Relation</i>	<i>Phone</i>	<i>Name</i>	<i>Room</i>
2.		2.	
<i>Name/Relation</i>	<i>Phone</i>	<i>Name</i>	<i>Room</i>
3.		3.	
<i>Name/Relation</i>	<i>Phone</i>	<i>Name</i>	<i>Room</i>

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

SELF-MEDICATION ASSESSMENT

Student: _____ School: _____

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

Physical/behavioral limitations: _____

Name of medication: _____

Self-Medication Criteria:

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

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

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

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

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

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

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

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

Based on assessment:

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

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

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

Comments: _____

Principal/Teacher notified Yes No

Nurse's Signature _____ Date _____

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

Part I (To be filled out by School)

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

Part II (To be filled out by Medical Authority)

Patient's Name: _____ Age: _____

Diagnosis: _____

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

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

List foods that require a change in texture:

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

Special Equipment Needed:

Date _____ Signature of Medical Authority _____

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

Part I (To be filled out by School)

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

Part II (To be filled out by Physician)

Patient's Name: _____ Age: _____

Diagnosis: _____

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

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

List foods that require a change in texture:

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

Special Equipment Needed:

Date _____ Signature of Physician _____

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**FOOD ALLERGY TREATMENT PLAN AND
PERMISSION FOR THE ADMINISTRATION OF MEDICATIONS BY SCHOOL PERSONNEL**

PATIENT'S NAME: _____ DATE OF BIRTH: _____

PATIENT'S ADDRESS: _____ TELEPHONE: _____

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

ASTHMA ☐ YES ☐ NO

SPECIFIC FOOD ALLERGY: _____

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

_____ Observe patient for symptoms of anaphylaxis** for 2 hours

_____ Administer **adrenaline** before symptoms occur, IM EpiPen Jr. Adult

_____ Administer **adrenaline** if symptoms occur, IM EpiPen Jr. Adult

_____ Administer **Benadryl** _____ tsp. or Atarax _____ tsp. Swish & Swallow

_____ Administer _____

_____ Call 911, transport to ER if symptoms occur for evaluation, treatment and observation for 4 hours

IF REACTION OCCURS PLEASE NOTIFY THIS OFFICE!

Physician's Signature _____ Today's Date _____

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

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

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

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

Signature: _____ M.D. Date: _____

****SYMPTOMS OF ANAPHYLAXIS**

Chest tightness, cough, shortness of breath, wheezing

Tightness in throat, difficulty swallowing, hoarseness

Swelling of lips, tongue, throat

Itching mouth, itchy skin

Hives or swelling

Stomach cramps, vomiting, or diarrhea

Dizziness or faintness

I have received, reviewed, and understand the above information.

Patient/parent/guardian signature

Date

INDIVIDUALIZED HEALTH CARE PLAN (Elementary)

Student Name: _____ Birth Date: _____ Grade: _____ Teacher: _____

Plan effective from _____ to _____

ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
	<p>Risk of anaphylactic reaction (life-threatening allergic response) related to the ingestion or inhalation of peanuts and/or tree nuts (protein component)</p> <p>Risk of severe allergic reaction to the ingestion or inhalation of [add other allergens here if applicable, or delete]</p> <p>Student has an Individualized Emergency Care Plan (IECP)</p>	<p>Student will cooperate with staff 100% of the time by following school, classroom and IHCP rules in order to remain free of allergic reactions while in school.</p> <p>If student suspects that he/she has ingested (fill in food allergens), student will immediately notify staff who will implement the IECP according to the allergen-specific plan.</p> <p>Student will cooperate with staff members 100% of the time if they need to implement the IECP.</p>	<p>Parents will:</p> <ul style="list-style-type: none"> ✧ inform school nurse and teacher of food allergy ✧ provide a physician's order and medication for medical intervention ✧ inform school nurse of any changes in health status as relates to food allergy and treatment ✧ educate student in the self-management of his/her food allergies appropriate for his/her age level ✧ provide emergency contact information ✧ meet with school nurse, administrator and teacher to develop a prevention plan ✧ provide safe snacks/treats for student to keep in school and, if desired, a list of appropriate foods for student to have at snack ✧ provide wipes for classmates to use entering room in am and after lunch <p>Nurse will:</p> <ul style="list-style-type: none"> ✧ meet with parents and teacher to develop a prevention plan ✧ post "peanut/nut free" sign outside of classroom ✧ work with teacher to eliminate the use of peanuts/tree nuts in classroom snacks, curriculum, educational tools, classroom parties, foreign language projects, and arts and crafts projects ✧ educate school staff who interact with student regarding food allergy, allergic reaction symptoms, recognizing signs and symptoms of anaphylaxis, and prevention and treatment plans ✧ train school staff in EpiPen administration, as appropriate ✧ develop and disseminate emergency care plan for student ✧ (add use of walkie-talkie if appropriate and specific to student) ✧ review cleaning/care of nut/peanut free table in cafeteria with maintenance and cafeteria staff 	<p>[Enter documentation method or date(s) accomplished for all applicable interventions]</p>

INDIVIDUALIZED HEALTH CARE PLAN (Elementary)

Student Name: _____ Birth Date: _____ Grade: _____ Teacher: _____

Plan effective from _____ to _____

INTERVENTIONS

Teacher/classroom staff will:

- ✧ eliminate the use of nuts/peanuts in classroom snacks, educational tools, and arts and crafts projects
- ✧ be trained in the administration of EpiPen, as appropriate
- ✧ consult in advance of field trips with the school nurse and parents
- ✧ [for food allergens other than peanut/nut] notify parents in advance regarding curriculum/projects that may contain [add these food allergens]
- ✧ Follow the emergency care plan if student has a reaction

Student will:

- ✧ not eat any foods except those that come from home or have been approved by the parent
- ✧ inform teacher/staff if he/she is not feeling well, for any reason, but especially if he/she thinks he/she may be having an allergic reaction

School Nurse: _____ Date: _____

Review by: Parent: _____ Date: _____ Student: _____ Date: _____

IHCP meeting attendees: _____

INDIVIDUALIZED HEALTH CARE PLAN (Middle)

Student Name: _____ Birth Date: _____ Grade: _____ Teacher: _____

Plan effective from _____ to _____

ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
	<p>Risk for life-threatening allergic response to allergen; history of asthma</p> <p>Student has an Individualized Emergency Care Plan (IECP)</p>	<p>Student will remain free of allergic reactions to peanuts while in school 100% of the time by following the IHCP requirements, especially food refusal and advocating for himself/herself when allergens may be present in the environment.</p> <p>Student will immediately initiate self administration of emergency medications OR immediately notify an adult and cooperate with staff administration of emergency medications in the event of suspected ingestion of peanut 100 % of the time.</p>	<p>Parents will:</p> <ul style="list-style-type: none"> ✧ inform school nurse and teacher of food allergy prior to the start of school each year. ✧ provide a physician's order and medication for medical intervention, both for student to carry for self-administration and a back-up for the health office. Medication should not expire during the school year. ✧ inform school nurse of any changes in health status as it relates to food allergy and treatment. ✧ educate student in the self-management of his/her food allergies appropriate for his/her age level. ✧ provide emergency contact information. ✧ meet with school nurse and teacher to develop an IECP and IHCP. <p>Nurse will:</p> <ul style="list-style-type: none"> ✧ meet with parents and teacher to develop the IECP and IHCP. ✧ work with teacher to eliminate the use of allergen in classroom snacks, curriculum, educational tools, classroom parties, foreign language projects, and arts and crafts projects. ✧ educate school staff who interact with student regarding food allergy, and recognition of symptoms of allergic reactions, including local, general and anaphylactic types, with emphasis on recognition and emergency interventions for the latter. ✧ train certified personnel in EpiPen administration, as appropriate. ✧ develop and disseminate emergency care plan and transportation plan for student. ✧ implement the IECP and direct emergency actions in the event of anaphylaxis. ✧ review with student, at least annually, his/her knowledge of the symptoms of anaphylaxis and skills needed for self-administration of an EpiPen, including practice in injecting an EpiPen into an orange. 	

INDIVIDUALIZED HEALTH CARE PLAN (Middle)

Student Name: _____ Birth Date: _____ Grade: _____ Teacher: _____

Plan effective from _____ to _____

ASSESSMENT
DATE/NURSE

FUNCTIONAL
HEALTH CONCERN

STUDENT
OBJECTIVE(S)

INTERVENTIONS

EVALUATION

Teacher/classroom staff will:

- ✧ work to eliminate the use of allergen in classroom snacks, curriculum, educational tools, classroom parties, foreign language projects, and arts and crafts projects.
- ✧ be trained in the administration of EpiPen, as appropriate.
- ✧ be prepared to implement the IECF if indicated.
- ✧ consult and collaborate in advance with the school nurse and parents to decide what accommodations are appropriate for each field trip. Parents' judgment will be respected.
- ✧ send to all parents the middle school notice of field trip form which shall contain a standard request that snacks and lunch be peanut/nut free.
- ✧ notify parents in advance of in-class food celebrations.

Student will:

- ✧ not eat any foods at school, on field trips or in extracurricular activities that do not come from home or have not been approved by his/her parents.
- ✧ inform teacher/staff if he/she is not feeling well for any reason, but especially if he/she thinks he/she may be having an allergic reaction.
- ✧ *[For students carrying their own medications]* Follow the medication plan for self-administration of EpiPen and Benadryl. Accordingly, student will bring to and from school, and at all times carry (e.g., in belt-carrying case or in a purse) an up-to-date EpiPen and dissolvable Benadryl tablet, according to the physician's order. If a student chooses to keep emergency medications in her purse, she will keep the purse with her at all times in school, during extracurricular activities, and on field trips.
- ✧ not self-administer Benadryl or EpiPen without immediately notifying the school nurse, or another responsible adult, in the absence of the school nurse.
- ✧ not keep any medication in his/her locker.
- ✧ participate with school nurse in review of emergency self-administration of medication plan and implementation skills.

INDIVIDUALIZED HEALTH CARE PLAN (Middle)

Student Name: _____ **Birth Date:** _____ **Grade:** _____ **Teacher:** _____

Plan effective from _____ **to** _____

School Nurse: _____ **Date:** _____

Review by: Parent: _____ **Date:** _____ **Student:** _____ **Date:** _____

IHCP meeting attendees: _____

