STUDENTS WITH SPECIAL HEALTH CARE NEEDS

It is the policy of the Board of Education to follow the guidelines developed and promulgated by the Connecticut Department of Public Health and Department of Education for students within the District with life-threatening food allergies. Such guidelines include (1) education and training for school personnel on the management of students with life-threatening food allergies, including training related to the administration of medication with a cartridge injector, (2) procedures for responding to life threatening allergic reactions to food, (3) a process for the development of individualized health care and food allergy action plans for every student with a life-threatening food allergy, and (4) protocols to prevent exposure to food allergens.

It is the Board's expectation that specific building-based guidelines/actions will take into account the health needs and well-being of all children without discrimination or isolation of any child. It is the Board's belief that education and open and informative communication are vital for the creation of an environment with reduced risks for all students and their families.

(cf. 5141 – Student Health Services)
(cf. 5141.21 – Administering Medication)
(cf. 5141.23 – Students with Special Health Care Needs)
(cf. 5141.3 – Health Assessments)
(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 medication 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
    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.; 29 C.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.

STUDENTS WITH SPECIAL HEALTH CARE NEEDS

FCS Instruction 783-2, Revision 2, Meal substitution for medical or other special dietary reasons
P.A. 09-155 An Act Concerning the Use of Asthmatic Inhalers and Epinephrine Auto-Injectors While at School
Land v. Baptist Medical Center, 164 F3d 423 (8th Cir. 1999)

REGIONAL SCHOOL DISTRICT NO. 7

5141.25
Form

EMERGENCY HEALTH CARE PLAN

Place

Child's

Picture

Here
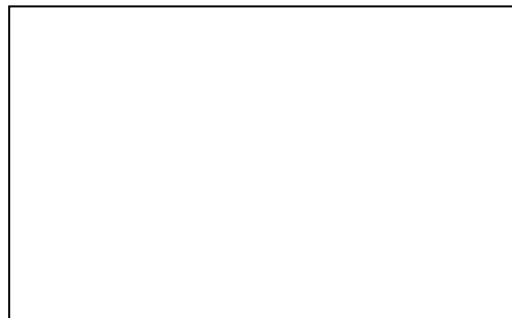
ALLERGY TO:_____

Student's Name_____

DOB_____   Teacher:_____

Asthmatic: Yes_____   No_____

*Denotes **HIGH RISK** for severe reaction

SIGNS OF 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	"thread" pulse, "passing out"

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

Action:
1. If ingestion is suspected, give (*medication/dose/route*)

   _____

   _____ **immediately!**

2. CALL RESCUE SQUAD:_____

3. CALL: Mother_____   Father_____

4. CALL: Dr._____ at _____

REGIONAL SCHOOL DISTRICT NO. 7

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

_____

Parent Signature   *Date*   *Doctor's Signature*   *Date*

Emergency Contacts		Trained Staff Members	
1.		1.	
Name/Relation	Phone	Name/Relation	Phone
2.		2.	
Name/Relation	Phone	Name/Relation	Phone
3.		3.	
Name/Relation	Phone	Name/Relation	Phone