



SAN RAMON VALLEY CHRISTIAN ACADEMY

SRVCA Allergy Agreement Parent/School/Student Responsibility Agreement (Revised 12/8/15)

Parental responsibilities:

Parents of students with severe food allergy are expected to notify the school administration of the student's allergy.

- Parents of students with severe food allergies must provide TWO epipen's or similar automatic injection device with medication in the appropriate dose along with a complete physician's order to the school each year prior to the student attending. School medication orders must be renewed each year by the physician, nurse practitioner or physician assistant. If students are to carry the EpiPen with them, the physician's order must state this requirement.
- Parents must sign permission for school personnel to administer any form of medication, including EpiPen.
- Parents will need to keep abreast to the weekly newsletter for notification of field trips. It is parent discretion as to whether the field trip is safe for their child and, if there is any question, will need to attend themselves.
- Parents are encouraged to meet with the student's teachers to discuss the student's special needs. This meeting should take place before school begins in the fall. Parents should take the initiative to set up those meetings.
- Parents are expected to assure that their child knows how to self-administer the EpiPen when age and developmentally appropriate.
- Parents are expected to educate their child in self management of their food allergy including:
 - The early signs of anaphylaxis
 - How and when to tell an adult that they may be having a reaction
 - Strategies for avoidance of exposure to the offending food products
 - Safe and unsafe foods for that child
 - The risks of unauthorized food sharing
 - The need for good hand washing when handling foods
- Parents are encouraged to provide the school with safe snacks for their child in the event of school parties or special events involving food.
- ***Parents must recognize that the risk of accidental exposure to foods can be reduced, in the school setting, but not eliminated.***

School responsibilities:

- School administrators will identify teachers and other school staff who will be trained in the use of an EpiPen on a yearly basis.
- School administrators should request parents of other students in a life threatening food allergic student's class to avoid bringing foods to school that contain certain offending foods.
- School administrators will enforce the "no-eating" policy in areas that are normally off limits to eating.
- School administrators will assist students and staff to provide a safe and nurturing environment for the life threatening food allergic child by promoting understanding and acceptance of the student and his or her allergic condition.
- School administrators will develop a plan that includes strategies to address possible bullying or teasing of the food allergic student.
- School administrators are responsible for assuring that substitutes are notified of students with severe food allergies.

Teacher responsibilities:

- Teachers of a student with severe food allergies will know the signs and symptoms of severe allergic reaction as provided in the student's individual allergy care plan, and be aware of and implement the emergency plan if a reaction is suspected.
- Teachers will assist students in the same classroom as a student with food allergies to understand the nature and seriousness of severe food allergy.
- Teachers will develop a sub-plan for notification of substitutes about a student with a severe food allergy.

- Teachers will review planned classroom activities and omit those activities that involve the use of certain food products, if known, in the presence of a life threatening food allergic student in the class. The activity may be used if it can be modified to use an alternative to the life threatening food products.
- Teachers will make an effort to notify parents in advance of parties, field trips, or other special events so that appropriate plans for the student's safety may be made. This notification will be made in the class newsletters. It is ultimately in the discretion of the parents whether the event is safe for their child and if they should attend.
- Teachers will respond immediately and appropriately to reports of students being teased or bullied about their allergies.

Student responsibilities:

- Student will become informed about symptoms of food allergic reactions.
- Student will inform an adult if they are suffering an allergic reaction.
- Student will not share their lunch with anyone else. Nor will they take food from another's lunch.
- Student will be cautious about eating foods that they have not had before and are not certain are safe for them to eat. In these circumstances, student will ask a teacher before partaking.

Please see the following page for request for treatment and medication. If your child has a medical problem that requires medication and/or life-threatening emergency treatment (i.e. cardiac disorder, diabetes, severe asthma, severe allergic reactions to insects or food, or other miscellaneous, life-threatening conditions), this form must be completed and on file in the school office.

If this applies to your student, please print the last page and return to the office with the appropriate medications before the first day of school.

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Request for Treatment/Medication

If your child has a medical problem that requires medication and/or life-threatening emergency treatment (i.e. cardiac disorder, diabetes, severe asthma, severe allergic reactions to insects or food, or other miscellaneous, life-threatening conditions), this form must be completed and on file in the school office. All SRVCA staff and teachers have current certifications from Red Cross in CPR/AED/EpiPen, but are not medically trained personnel.

Medical Diagnosis and Description of Illness & Emergency Plan to Follow:

Request for Treatment & Medication for Severe Allergies

	Student's Name	Student's Class	Student's Teacher
	Onset of Allergy Symptoms		
1.	1 st course of treatment		
2.	2 nd course of treatment if necessary		
3.	Call 911 Call Parent	Make phone calls	

You have my permission to contact my child's doctor to discuss the above medical condition and medical plan. This form will be kept on file in the school office and shared with appropriate staff. I understand this plan will not replace usual emergency procedures such as calling 911. By signing below, we acknowledge our responsibility as it pertains to the medical conditions listed above.

Parent Signature

Date