



# WARRIOR RUN SCHOOL DISTRICT

Dr. Alan J. Hack, Superintendent  
4800 Susquehanna Trail  
Turbotville, PA 17772  
570-649-5138

Dear Parent (s) / Guardian (s):

Enclosed is a School Food Allergy Management Plan. Please take a few minutes to complete this important form. This plan is to ensure your child receives the best care possible while he/she is in school.

In the event that a parent would request that their child be allowed to carry an epi-pen at school, please be aware of the school policy: *“Requests to carry and self-administer medication, such as an epi-pen, must be accompanied by a licensed person’s written order stating such, a parent’s written request, and demonstration of the child proving competence to self-medicate. The child shall notify the nurse whenever the medication is used. The school is not responsible for ensuring that the medication is taken. Misuse of medications that are self-administered will result in immediate confiscation of the medication, loss of this privilege, and disciplinary action as outlined in the drug policy.”*

Please return the enclosed form to the nurse’s office as soon as possible. A parent’s input on their child’s health is important. Thank you for your time and assistance.

Sincerely,

*Health Room Nurses*

Enclosure

Elementary School  
301 Pine Street  
Turbotville PA, 17772  
570-649-5164

Middle School  
4860 Susquehanna Trail  
Turbotville PA, 17772  
570-649-5135

High School  
4800 Susquehanna Trail  
Turbotville PA, 17772  
570-649-5166



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## FOOD ALLERGY ALERT HEALTH CARE PLAN

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Allergic to what food(s)? \_\_\_\_\_

What happens when this food is eaten? \_\_\_\_\_

**If an epi-pen is carried for this allergy or if special dietary accommodations are required, please contact the Warrior Run Food Service Coordinator, at 570-649-5166, ext. 5013.**

### FIRST AID CARE

1. Determine exposure
2. Assess Reaction (see below)
3. Give Benadryl 25mg (liquid form > 2 teaspoons = 10 mL = 25mg) as ordered
4. Notify parent/ guardian or alternate as listed below on call chain
5. Monitor for severe symptoms
6. Take pulse and document
7. Give EpiPen if indicated as directed/ordered and call EMS >> 911.
8. Continue to monitor until EMS arrives

#### MILD/MODERATE Allergic Reaction-

- Swelling/Itching/Redness at site
- Generalized Itching/Warmth
- Red Palms
- Rapid Pulse
- Hives
- Restless/Anxious

#### SEVERE Allergic Reaction - \* A severe allergy can lead to shock in 10 minutes or less\*

- Difficulty Breathing
- Difficulty Swallowing
- Swelling of face/throat/mouth

#### Healthcare Practitioner Order:

Medication: Benadryl Dose: \_\_\_\_\_ Time: \_\_\_\_\_  
Medication: EpiPen Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Is this student able to carry and self-administer their own epi-pen? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Physician's signature (required in order to administer or carry epiPen)

\_\_\_\_\_  
(Date)

#### Call Chain

Emergency Contact #1: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

\*This form is accurate and complete to best of my knowledge

\*This information may be shared with school staff and bus driver(s).

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

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