



LULU M. ROSS ELEMENTARY

"A Superior Title I School"

Milford School District

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Dear Parent or Guardian,

This cover page is to explain the attached physician form and procedures for obtaining a physician signed Food Allergy Action Plan. If your student attends The Milford School District and has a food or non-food allergy, you will need to have a physician complete and sign the attached *PREVENTION & EMERGENCY RESPONSE PLAN FOR STUDENTS WITH ALLERGIES* form. This form provides space for detailed information on the following: The type of allergy (food and non-food), reactions to the specified allergen(s), what type of contact causes the allergic reaction(s), and an action plan for nurses, teachers, and district staff to administer during an allergic reaction.

If your child has a non-severe allergy to a food or non-food item there is a separate section for the physician to fill in those type of allergies, reactions, and treatments as well. These type of food allergies will be handled on a case-by-case basis with the nutrition department and may not warrant an individualized meal plan for your student.

Please take this form to your doctor and have them fill it out in its entirety and make sure that BOTH you and the doctor sign the bottom of the form. Once this form is returned to the nurse she will put it on file for your student and send a copy to the Nutrition Department if your child is eating School Meals and requires an allergen-free individualized meal plan.

Sincerely,

Milford School District Nutrition Department and Nurses

I give permission to the school nurse to administer this plan. I will supply medication in an original container and notify the school nurse of any changes. I understand that relevant school personnel will be notified of my child's allergies and that I will need to work with the school nutrition supervisor regarding any food allergies.

Parent Signature: _____ Date: _____ Phone #: _____

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Your child's health record indicates s/he has severe allergies. Please have your healthcare provider, who is licensed to prescribe medication, complete this form or provide a written emergency plan with instructions for the school nurse and school nutrition supervisor.

STUDENT NAME: _____

DATE OF BIRTH: _____

SCHOOL: _____

GRADE: _____

PREVENTION & EMERGENCY RESPONSE PLAN FOR STUDENTS WITH ALLERGIES

The following sections must be completed by a MD, DO, APN, or PA, licensed to prescribe medications, with directives for care in the school setting.

Student has a life-threatening or severe allergy to:

	INGESTION	INHALATION	INJECTION (STING/BITE)	SKIN CONTACT
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACTION PLAN for life-threatening or severe allergic reaction:

Provide STAT treatment if the following symptoms occur after exposure to the life-threatening allergy (check below):

- Abdomen: nausea, stomach ache/cramping, vomiting, diarrhea
- General: panic, sudden fatigue, chills, fear of impending doom
- Mouth: itching, tingling, or swelling of the lips, tongue, or mouth
- Respiratory: shortness of breath, repetitive coughing, wheezing
- Skin: hives, itchy rash, swelling about face or extremities
- Throat: feeling tightness in the throat, hoarseness, hacking cough
- Other: _____

Treatment:

1. Administer epinephrine (dosage/route/interval) _____
2. Call 911
3. Continue with monitoring by the nurse until EMS arrives
4. Other: _____

Prevention for exposure to known severe or life-threatening food allergies:

USDA regulation / CFR Part 15B requires substitution or modification in school meals for children with diagnosed severe or life-threatening food allergies.

Foods to omit:

- Eggs
 - Whole
 - Ingredient in Recipe
 - Other
- Wheat
 - Gluten
 - Trace Amount
 - Ingredient in Recipe
- Soy
 - Soy Lecithin
 - Oil
 - Isolated Soy Protein
 - Ingredient in Recipe
 - Other

Substitutions: _____

Foods to omit:

- Milk
 - Milk
 - Cheese
 - Whey
 - Ingredient in Recipe
 - Other
- Nuts
 - Tree Nut
 - Peanut
 - Other
- Fish
- Shellfish
- Other Not Included on List

Substitutions: _____

Non-severe and non-life threatening food allergies or intolerances should be listed below with appropriate substitutions.

The school food service will determine if reasonable accommodations can be made on a case by case basis.

Other Allergies: (circle) YES NO Indicate Allergies: _____
Asthma: (circle) YES NO _____

Response for reaction to all other allergens: Give prompt treatment if the student has any of the following symptoms:

Treatment:

1. Administer: _____
2. Contact: _____
3. Other: _____

Healthcare Provider Name (printed): _____ MD DO APN PA Date: _____

Healthcare Provider Name (signature): _____ Phone: _____

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Parent Signature: _____ Date: _____ Phone #: _____