

Keller Independent School District School Health Services Guidelines

Care of the Student with Food Allergies At-Risk for Anaphylaxis

Purpose:

To provide guidance in the management of students with food allergies at-risk for anaphylaxis at school.

Responsibility:

School Nurse, Campus Administrators, Child Nutrition, Teachers, Students, and Parents.

Other applicable policies: FFAF (LEGAL), FFAF (LOCAL) Other applicable policies: FFAF (LEGAL), FFAF (LOCAL)

Background:

A *food allergy* is an abnormal response to food, triggered by the body's immune system (NIAID, 2010). Symptoms of a food induced allergic reaction may range from mild to severe and may become life-threatening. Reactions vary with each person and exposure to a *food allergen* and the severity of an allergic reaction is not predictable. With the increasing prevalence of food allergies in the past two decades, care of students with life-threatening allergies has become a major issue for school personnel (Sheetz, 2004). School personnel should be ready to effectively manage students with known food allergies and should also be prepared to recognize symptoms of an allergic reaction in both diagnosed and undiagnosed students in order to respond to the student's emergency needs.

Strict avoidance of food allergens and early recognition and management of allergic reactions are important measures to prevent serious health consequences (U. S. Food and Drug Administration, 2008). Children spend up to 50 percent of their waking hours in school, and foods containing allergens are commonly found in schools. Thus, the likelihood of allergic reactions occurring in schools is high (Sheetz, 2004). Studies show that 16-18 percent of children with food allergies have had allergic reactions to accidental ingestion of food allergens while in school. Moreover, food-induced anaphylaxis data reveals that 25 percent of anaphylactic reactions in schools occur among students without a previous food allergy diagnosis (Sicherer, 2010 & Nowak-Wegrzyn, 2001).

Currently, management of food allergies consists of educating children, parents and care providers, including school personnel, about strict avoidance of the food allergen, recognizing the signs and symptoms of an allergic reaction, and initiating emergency treatment in case of an unintended ingestion or exposure. In order to address the complexities of food allergy management in schools, it is important that students, parents/caregivers, and school personnel work cooperatively to create a safe and supportive learning environment (National School Boards Association, 2011).

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Definitions:

- Allergen Aware Zone:** an area designated in the cafeteria adjacent to class seating where a student may sit with the class but only be immediately surrounded by peers who have food free of the allergen which may adversely affect the student. This area is typically at the end of the row of rectangle tables or a specific section of a round table. The zone should not be physically removed from the section of tables assigned to the class.
- Anaphylaxis:** a serious allergic reaction that is rapid in onset and may cause death. Anaphylaxis occurs within a few minutes to several hours after exposure to the allergen.
- Auto-injector:** a pre-measured, spring-loaded pen-like device used to administer epinephrine and designed for ease of use by non-medical persons.
- Cross Contamination:** when an allergen is transferred from one item (utensils, pots, pans, countertops, surfaces, etc.) to another.
- Food Allergy Emergency Action Plan: (FAEAP)** a personalized emergency plan that specifies the delivery of accommodations and services needed by a student in the event of a food allergy reaction.
- Emergency Medical Service (EMS):** an emergency medical technician or paramedic that is training to provide out-of-hospital medical care in urgent situations and providing transportation to the nearest hospital.
- Epinephrine: (Adrenaline)** medication used to counteract anaphylaxis, usually administered via an auto-injector.
- Food Allergy:** a potentially serious immune-mediated response that develops after ingesting or encountering specific foods or food additives.
- Food Intolerance:** an unpleasant reaction to a food that, unlike a food allergy, does not involve an immune system response or the release of histamine.
- Individualized Healthcare Plan (IHP):** a plan written by the school nurse (RN) that details nursing services to be provided to a student because of the student's medical condition based on medical orders written by a health care provider in the student's medical home.

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Parent Statement of Food Allergy Form:

form to disclose whether the child has a food allergy or a severe food allergy that, in the judgment of the parent/guardian should be disclosed to the district to enable the district to take necessary precautions regarding the child's safety and specify the degree to which the child is allergic and the nature of the allergic reaction.

A form signed by a licensed physician that indicates the disability, explains why the disability restricts the child's diet, the major life activity affected by the disability; and the food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.

School Nurse:

a person who holds a current license as a registered professional nurse (RN) from the Texas Board of Nursing as outlined in the Texas Administrative Code, § 153.1021.

School-Sponsored Activity:

any activity, event, or program occurring on or off school grounds, whether during or outside of regular school hours, which is organized and/or supported by the school.

Severe Food Allergy:

a dangerous or life-threatening reaction of the human body to a food-borne allergen induced by inhalation, ingestion or skin contact that requires immediate medical attention.

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Procedure:

1. Notification of a food allergy
 - Upon enrollment of a new student, the parent or guardian indicates if their child has a known severe food allergy during the online enrollment process.
 - This is the first step in planning care for the student with a severe food allergy. If the student is diagnosed with a severe food allergy after online enrollment is completed, the parent or guardian should notify the campus nurse directly.

2. Upon review of the online enrollment records, the campus nurse will:
 - identify students with severe food allergies
 - as applicable, request parent completes and submits the following forms:
 - **Parent Statement of Food Allergy Information** form
 - **Request for Medication Authorization** form
 - **Guidelines for Self-Administration of Asthma/Anaphylaxis Medication** form, with physician's signature
 - **Food Allergy Emergency Action Plan (FAEAP)** form, with physician signature
 - **Allergen Aware Zone** form
 - Review and complete the FAEAP and distribute to personnel with a need to know.
 - Develop an IHP for the food allergy as applicable, in collaboration with physician, parent, administrator and teacher.
 - Notify Child Nutrition and Transportation
 - Initiate the 504 processes, if appropriate

3. Environmental Controls will be established on the campus through:
 - Designation of the campus as "Allergy Aware" by posting signs on main doors, cafeteria and identified classroom doors. On elementary campuses, and where appropriate, the specific allergen may be listed on the classroom door.
 - As appropriate, classroom/grade level parent communication regarding specific allergy.
 - Offering a "allergen aware zone" in the cafeteria
 - The allergen aware zone will be cleaned with supplies designated specifically to this zone. Campus administration will communicate specific needs to the Director of Operations and Distribution and campus custodian.
 - Hand washing (soap and water or hand wipes) after meals

4. Level I training will be conducted annually for all employees through the Professional Development Compliance process at the beginning of the school year.
 - Level I Training: This includes district wide education to all school personnel on every campus. Training will cover the following subjects:
 - Most common food allergens
 - Hazards related to the use of food for instructional purposes
 - Importance of environmental controls
 - Signs and symptoms of an anaphylactic reaction
 - How to use an FAEAP
 - How to administer epinephrine

Level II training will be coordinated and conducted by the school nurse on the campus level.

Level II Training: This training is for all employees who are associated with the student including but not limited to the classroom teacher(s), cafeteria personnel, club sponsors, coaches, and before/after

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school caregivers. This does not include contracted providers, such as after school care providers.

Training will cover the following subjects:

- More in-depth Level I information
- Identifying students at risk for anaphylaxis
- Planning for students who do not have epinephrine at school
- Development and implementation of FAEAP/IHP/504 plan(s)
- Communication procedures for initiating emergency protocols, including substitute staff.
- Environmental control factors including hand washing and cleaning procedures
- Working with EMS
- Post anaphylaxis debriefing

School Nurse should document Level II training on **Anaphylaxis/Food Allergy Level II/Epinephrine Documentation** form and keep it in the Red Sub binder.

5. In the event of an anaphylactic event, a post exposure conference will be held on the campus. The school nurse, along with the campus administrator, should coordinate.

The following will be addressed in the debriefing:

- Identification of the source of the allergen exposure
- Steps to prevent future exposure
- Review Food Allergy Emergency Action Plan (FAEAP)
- Interview of the student and witnesses regarding events leading up to incident
- Work with Child Nutrition if allergen was due to food served by the school
- Review FAEAP/IHP/504 plan(s)
- Replacement of epinephrine if used at school

6. In the rare event of a fatal reaction, the district's crisis plan will be activated.

7. There will be an annual review of this process by Health Services. The review committee will include the Director of Health Services, 1 Principal, 1 School Nurse and 1 parent of a student with anaphylaxis.

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Severe Food Allergy - Responsibilities of Family & Student

In promoting a safe school environment for children with food allergies at-risk for anaphylaxis, students, parents, and school personnel should work as a team in identifying students at-risk for anaphylaxis, reducing the risk of exposure to food allergens and to react quickly should an exposure or allergic reaction occur.

The responsibilities of the family include:

- Notifying the school of the student's allergies in accordance with TEC, Section 25.022. Accurate reporting during the online enrollment process is the preferred method of notification. This is the first step in planning care for the student with a severe food allergy. If the student is diagnosed with a severe food allergy after online enrollment is completed, the parent or guardian should notify the campus nurse directly.
- Working with the School Nurse (RN) to develop and review the Food Allergy Emergency Action Plan (FAEAP) and Individualized Health Plan (IHP) as well as discuss accommodations the student will need throughout the school day, during school-sponsored activities, and on the school bus.
- Providing completed and signed KISD Medication Authorization form, Guidelines for Self-Administration of Asthma/Anaphylaxis Medication form (signed by physician), Allergen Aware Zone form and Food Allergy Emergency Action Plan (signed by the physician) to the school nurse.
- Providing properly labeled medications and replacing medications after use or upon expiration.
- Working with your child in the self-management of their food allergy including:
 - Safe and unsafe foods,
 - Strategies for avoiding exposure to unsafe foods,
 - Symptoms of allergic reactions,
 - How and when to tell and adult they may be having an allergy-related problem,
 - How to read food labels (age appropriate),
 - If age appropriate, the importance of carrying and administering their personal asthma and anaphylaxis medications as prescribed.
- Meeting with the school staff for a post-exposure conference.
- Providing emergency contact information and *update when needed*.

The responsibilities of the family for before/after school childcare or other activities outside of the instruction day but held on the school campus include:

- Working with the after-school program providers that are not staffed by KISD employees to develop and review the FAEAP as well as discuss accommodations the student will need during the before/after school program.
- Completing appropriate medication authorization and health forms as requested by the vendor.
- Providing properly labeled medications and replacing medications after use or upon expiration.
- 504 accommodations do not apply to before/after school activities provided by an outside agency.

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The responsibilities of the student include:

- No trading of food with others.
- Not eating anything with unknown ingredients or known to contain any allergen.
- Being proactive in the care and management of their food allergies and reactions (as developmentally appropriate).
- Immediately notify an adult if they eat something they believe may contain food to which they are allergic.

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Severe Food Allergy - Responsibilities of School Nurse (RN)

In promoting a safe school environment for children with food allergies at-risk for anaphylaxis, students, parents, and school personnel should work as a team in identifying students at-risk for anaphylaxis, reducing the risk of exposure to food allergens and to react quickly should an exposure or allergic reaction occur.

Responsibilities of school nurse (RN):

- Review health conditions provided by parents during online enrollment and request appropriate documentation from parents.
- Review the KISD Parent Statement of Food Allergy Information.
- Work with parent/guardian and student in development of FAEAP and IHP.
- Ensure that the required paperwork has been submitted.
- Document all information on electronic computerized record
- Ask KISD coaches/sponsors of before and after school sponsored activities for a list of students participating in the program(s).
- Notify Child Nutrition, Transportation, Teachers, KISD After-School Coaches/Sponsors of the enrollment of the student with a severe food allergy as applicable.
- Provide classroom teacher(s), Transportation, and any other staff with a need to know with a copy of the FAEAP.
- Provide teachers with Food Allergy Notice for Parents to send home notifying parents that a student in their classroom has a severe food allergy and what their role is in keeping the classroom environment safe.
- Ensure that medications are properly labeled and note expiration dates on electronic health records.
- Encourage parents to keep extra epinephrine in the clinic if the student will be carrying the medication with them.
- Store medication in an accessible but unlocked cabinet in case of an emergency.
- Provide Level I and Level II Food Allergy training as outlined in the Care of the Student with Food Allergies At-Risk for Anaphylaxis guidelines. Maintain documentation of Level II training on **Anaphylaxis/Food Allergy Level II/Epinephrine** Training form.
- Periodically assess staff readiness to administer epinephrine when needed. (For example, prior to field trips.)
- Ensure that a Level II staff member is trained to attend field trips and school sponsored activities. For students who are authorized to self-carry epinephrine auto-injectors, coordinate Level II Food Allergy training to bus drivers who have a student with food allergies who are at-risk for anaphylaxis on their route.
- Coordinate Post Exposure Conference, along with administrator.

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- Collaborate with campus administrator to schedule routine student and staff awareness opportunities at the beginning of each semester. For example, Elementary/Intermediate campuses may provide awareness presentations in homeroom classes, while Middle/High campuses may provide the presentations during and Advisory period. (Sample resources may be found on the Food Allergy Research & Education website, Be a PAL Instructional Program. <https://www.foodallergy.org/resources/be-palr>)

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Severe Food Allergy - Responsibilities of Campus Administrator

In promoting a safe school environment for children with food allergies at-risk for anaphylaxis, students, parents, and school personnel should work as a team in identifying students at-risk for anaphylaxis, reducing the risk of exposure to food allergens and to react quickly should an exposure or allergic reaction occur.

Responsibilities of campus administrator include:

- Ensure a process is in place for identifying students with food allergies who are at-risk for anaphylaxis.
- Ensure that designated staff complete Level I and Level II Food Allergy training annually.
- Ensure that at least one Level II trained staff member attends field trips when a student with food allergies who is at-risk for anaphylaxis is participating in the event.
- Ensure that a plan is in place to notify substitute teachers if they have a student with food allergies who are at-risk for anaphylaxis in their classroom.
- Ensure that a plan is in place to respond to exposure or allergic reactions when a school nurse is not available.
- Ensure that a plan is in place to designate a table(s), or an area of a table, depending on the specific campus cafeteria arrangement, as “allergy free zone” in the cafeteria.
- Communicate the need for specific cafeteria environmental control measures to the district Director of Operations and Distribution, as well as the campus custodian.
- Ensure that the campus is designated as a “food allergy aware” campus through posting of signs at entrances into the school building.
- Limit use of food as rewards and manipulatives in classrooms.
- Coordinate Post Exposure Conference, along with School Nurse
- Assist parents in gaining access to nutritional information for outside food vendors, as applicable.
- Collaborate with the campus nurse to schedule routine student and staff awareness opportunities at the beginning of each semester. For example, Elementary/Intermediate campuses may provide awareness presentations in homeroom classes, while Middle/High campuses may provide the presentations during and Advisory period. (Sample resources may be found on the Food Allergy Research & Education website, Be a PAL Instructional Program. <https://www.foodallergy.org/resources/be-palr>)

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Severe Food Allergy - Responsibilities of Classroom Teacher

In promoting a safe school environment for children with food allergies at-risk for anaphylaxis, students, parents, and school personnel should work as a team in identifying students at-risk for anaphylaxis, reducing the risk of exposure to food allergens and to react quickly should an exposure or allergic reaction occur.

Classroom:

- Complete Level I and Level II Food Allergy training.
- Review the Food Allergy Emergency Action Plan (FAEAP) for your student.
- Develop a communication plan with the front office and/or school nurse.
- Keep accessible the FAEAP with a photo of the student is available
- Ensure that student teachers, aides, specialists, and substitute teachers working with the student are informed of the student's food allergy and take necessary safeguards.
- Send home Food Allergy Notice for Parents (provided by nurse) notifying parents that a student in their classroom has a severe food allergy and what their role is in keeping the classroom environment safe.
- Leave FAEAP and any information in an organized, prominent, and accessible format for the substitute teacher(s) and other appropriate staff.
- Be aware of how the student with food allergies is being treated; enforce school rules on bullying and threats.
- Work with the school nurse to educate other parents about the presence and needs of students with life-threatening food allergies in the classroom.
- Inform parent and the school nurse of any school events where food will be served.
- Consider eliminating or limiting food in classrooms and other learning environments.
- Avoid isolating or stigmatizing a student with food allergies and adhere to the KISD policy on bullying.
- Ensure the FAEAP is followed when a student is suspected of having an allergic reaction. If the student is escorted to the clinic, the student should be escorted by an adult, if possible.
- Do not put a student on the bus if there are any signs or symptoms of an allergic reaction.

Classroom Activities:

- Avoid use of allergen containing foods/substances for classroom activities (e.g., arts and crafts, counting, science projects, parties, holidays and celebrations, cooking, or other projects).
- Welcome parental involvement in organizing planning class parties and special events. Consider non-food treats. Avoid foods that contain the allergen.
- Use non-food items such as stickers, pencils, etc. as rewards instead of food.

Snack time/Lunchtime:

- Establish processes to ensure that the student with life-threatening food allergies eats only what she/he brings from home and/or is known to be safe.
- Encourage hand washing before and after snacks and lunch. *Alcohol-based hand sanitizers are NOT effective in removing allergens from hands.*
- Teach students the importance of not sharing or trading food.
- Encourage parents/guardians to send a box of "safe" snacks for their child.

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Field Trips:

- Give the nurse at least TWO weeks' notice prior to field trips.
- Ensure the FAEAP and the student's epinephrine is taken on the field trip and all outings.
- Collaborate with parents of students with food allergies when planning field trips.
- Consider eating arrangements on field trips and plan for reduction of exposure to a student's life-threatening food allergy.
- Consider inviting parents of students at risk for anaphylaxis to accompany their child on school trips, and/or to act as a chaperone. However, the student's safety or attendance must not be a condition on the parent's presence on the trip.
- Ensure that 1 or 2 staff members on the field trip are trained in recognizing signs and symptoms of life-threatening allergic reactions and are trained by the school nurse to use an epi-pen.
- Consider ways to wash hands and encourage hand washing before and after eating (e.g. provision for hand wipes, etc.).

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Severe Food Allergy - Responsibilities of Coaches/Sponsors of Before and After School Sponsored Activities

In promoting a safe school environment for children with food allergies at-risk for anaphylaxis, students, parents, and school personnel should work as a team in identifying students at-risk for anaphylaxis, reducing the risk of exposure to food allergens and to react quickly should an exposure or allergic reaction occur.

Responsibilities of coaches/sponsors include:

- Conduct the school sponsored activity in accordance with school policies and procedures regarding students with food allergies who are at-risk for anaphylaxis.
- Provide the school nurse with a list of students who are participating in the before and after school sponsored activity.
- Obtain a copy of the FAEAP from the school nurse for students with food allergies who are at-risk for anaphylaxis participating in the activity.
- Ensure all coaches/sponsors of the activity receive Level II Food Allergy training.
- Ensure all coaches/sponsors know if the student is self-carrying epinephrine and/or where the student(s) epinephrine is located on the campus.
- Discourage trading or sharing of food and utensils.
- Promote and monitor good hand washing practices.
- Discourage the use of foods that are known allergens.

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Severe Food Allergy - Responsibilities of Custodial Staff

In promoting a safe school environment for children with food allergies at-risk for anaphylaxis, students, parents, and school personnel should work as a team in identifying students at-risk for anaphylaxis, reducing the risk of exposure to food allergens and to react quickly should an exposure or allergic reaction occur.

Responsibilities of custodial staff include:

- Attend/participate in Level I Food Allergy training.
- Clean desks, tables, chairs, and other surfaces with special attention to designated areas for students with food allergies who are at-risk for anaphylaxis.
- Be aware that a 504 plan or IHP may require specialized cleaning of designated areas.

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Severe Food Allergy - Responsibilities of Child Nutrition

In promoting a safe school environment for children with food allergies at-risk for anaphylaxis, students, parents, and school personnel should work as a team in identifying students at-risk for anaphylaxis, reducing the risk of exposure to food allergens and to react quickly should an exposure or allergic reaction occur.

Responsibilities of Child Nutrition:

- Review the legal protections for students with life-threatening allergies and ensure that students with severe food allergies that participate in the federally funded school meal program are given safe food items as outlined by the physician's signed statement.
- After receiving notice from a healthcare provider, make appropriate substitutions or modifications for meals served to students with food allergies.
- Read all food labels and recheck routinely for potential allergens.
- Train all child nutrition staff and substitutes to read food labels and recognize food allergies.
- Maintain contact information for manufacturers of food products (Consumer Hotline).
- Review and follow sound food handling practices to avoid cross-contact with potential food allergens.
- Follow cleaning and sanitation protocol to avoid cross-contact.
- Provide Level I training to all child nutrition personnel.
- Avoid use of latex gloves, use non-latex gloves.
- Provide advance copies of the menu to the parent/guardian of students with food allergies, and notification if the menu changes. Consider how to provide specific ingredient lists to parents upon request.
- Be prepared to take emergency action for a student in the cafeteria in the event of an allergic reaction.
- Participate in the Post Exposure Conference as applicable.

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Severe Food Allergy - Responsibilities of Transportation Department

In promoting a safe school environment for children with food allergies at-risk for anaphylaxis, students, parents, and school personnel should work as a team in identifying students at-risk for anaphylaxis, reducing the risk of exposure to food allergens and to react quickly should an exposure or allergic reaction occur.

Responsibilities of the transportation department include:

- Provide Level I Food Allergy training to all bus drivers.
- For students who are authorized to self-carry epinephrine auto-injectors, coordinate Level II Food Allergy training to bus drivers who have a student with food allergies who are at-risk for anaphylaxis on their route.
- Obtain a copy of the FAEAP from the school nurse for students with food allergies who are at-risk for anaphylaxis who ride the bus,
- Provide appropriate bus drivers with FAEAP for students with food allergies who are at-risk for anaphylaxis who are on their routes.
- Maintain a policy of no consumption of food or drinks on the buses.
- Ensure that bus drivers know how to contact EMS in the event of an emergency.

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Parent Statement of Food Allergy Information

(This form only needs to be completed if the student is diagnosed with a severe food allergy after online enrollment is completed or if it was missed during online enrollment.)

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Health Services Department/Child Nutrition Department

Parent Statement of Food Allergy Information

Pursuant to HB 742, school districts are required to request that a parent of an enrolling student disclose whether the student has a food allergy or a severe food allergy.

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

A severe food allergy is a dangerous or life-threatening reaction of the human body to a food-borne allergen induced by inhalation, ingestion or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's reaction to the food.

Food	Allergic Reaction

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Education Rights and Privacy Act and District Policy.

Student: _____ Date of Birth: _____

Grade: _____ Campus: _____ Date: _____

Parent/Guardian: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____

Consistent with guidelines from the Texas Department of Agriculture, in order for the District to consider food substitutions for a student's food allergies, a signed medical statement must be provided.

Does the child's food allergy constitute a disability? Yes No

If yes, how does the disability restrict the student's diet? _____

What major life activity is affected by the disability? _____

Foods To Avoid	Foods to be substituted

Physician Signature: _____ Date: _____

To be completed by school personnel:

Date form received by the school nurse: _____

Date form provided to: Child Nutrition Dept: _____ Transportation: _____
(if appropriate)

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Medical and Emergency Care Authorization/Information



MEDICAL AND EMERGENCY CARE AUTHORIZATION/INFORMATION LA AUTORIZACIÓN MÉDICA Y INFORMACIÓN MÉDICA DE EMERGENCIA

School/Escuela: _____ School Year (Año Escolar): _____

Student Information (Información del estudiante)		
Student's Name: (last, first) <i>Nombre de estudiante (apellido, primero):</i>	Student ID #: <i># de Seguro Social:</i>	Student Homeroom #: <i>Nombre de Maestro(a):</i>
Address: <i>Dirección:</i>	Birth date: <i>Fecha de nacimiento:</i>	Home Phone: <i># de Teléfono de casa:</i>
City, State, Zip: <i>Ciudad, Estado Código Postal:</i>	Gender: <i>Género:</i>	Other Phone: <i>Otro # de Teléfono:</i>

Emergency Information (Información de Emergencia)			
Contact's Name: <i>Nombre de Contacto:</i>	Relationship: <i>La relación:</i>	Daytime Phone: <i>Teléfono de Día:</i>	Cell Phone: <i># Celular:</i>
Physician: <i>Médico:</i>	Phone: <i># de Teléfono:</i>	Hospital:	

Does your child take any medication on a regular basis? <i>(¿Toma su hijo(a) algún medicamento en forma regular?)</i> <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No	Medicine: <i>Medicamento:</i>	Dosage: <i>Dosis:</i>		
Is your child allergic to any food, drug or insect? <i>(¿Es su hijo(a) alérgico(a) a algún alimento, medicamento o insecto?)</i> <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No	If yes, please specify type: <i>Si sí, favor detallar:</i> <input type="checkbox"/> Food/alimento <input type="checkbox"/> Drug/medicamento <input type="checkbox"/> Insect/insecto *If food allergy: Complete Parent Statement of Food Allergy Information Form <i>Si alergia a los alimentos, (Click Here)</i>	Will you be providing an Epi-Pen? <i>(¿Va usted a suministrar un Epi-Pen?)</i> <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No		
Has your child had any past operations or serious injuries? <i>(¿Ha tenido su niño cualquier cirugía, lesiones/heridas graves?)</i> <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No	If yes, please list: <i>Si sí, favor detallar:</i>			
Does your child have any chronic illness or health problems (diabetes, seizures, asthma, etc.) or anything the nurse should know to better care for your child? <i>(¿Su niño tiene cualquier enfermedad crónica o problemas de salud (diabetes, ataques asma, etc.) o cualquier otra condición médica que le permita a la enfermera el mejor cuidado de su hijo(a).)</i>	If yes, please list: <i>Si sí, favor detallar:</i>			
May the nurse share this information on a need to know basis? <i>(¿Puede la enfermera compartir esta información de ser necesario?)</i>	<input type="checkbox"/> Yes/Sí <input type="checkbox"/> No			
Does your child..... <i>(¿Usa su hijo(a) alguno de los siguientes elementos?)</i>	<input type="checkbox"/> Wear Glasses <i>Lentes</i>	<input type="checkbox"/> Wear Contacts <i>Lentes de contacto</i>	<input type="checkbox"/> Wear Hearing Aid <i>Ayudas auditivas</i>	<input type="checkbox"/> Have a prosthesis <i>Protésis</i>
Has your child had chicken pox (varicella) disease? <i>(¿Ha padecido su hijo(a) de la enfermedad de Varicela?)</i>	<input type="checkbox"/> Yes/Sí <input type="checkbox"/> No		If so, provide date (month/year): <i>Si es así, favor indicar la fecha (mes/año):</i>	

For children with life threatening conditions please see the school nurse for further information.
En el caso de niños(as) con condiciones que pongan en riesgo su vida, favor informar a la enfermera para mayor información.

HIV/AIDS Prevention – Grades 4-6 Only (El currículo de prevención de el SIDA - Sólo Grados 4-6)	
<input type="checkbox"/> I hereby authorize my child's participation in the HIV/AIDS prevention curriculum. <i>Por esta medio autorizo la participación de mi niño en el currículo de prevención de el SIDA (HIV/AIDS).</i>	<input type="checkbox"/> I DO NOT authorize my child's participation in the HIV/AIDS prevention curriculum. <i>NO AUTORIZO la participación de mi niño en el currículo de prevención de el SIDA (HIV/AIDS).</i>

I hereby authorize the person(s) listed as EMERGENCY CONTACTS and PHYSICIAN on this form and the enrollment form to be notified at the school's discretion and do authorize the named doctor/emergency contact to render such treatment as may be deemed necessary in an emergency, for the health of said child. I further assume the responsibility for payment of any professional emergency services required.

Por medio de la presente, autorizo a la(s) persona(s) listada(s) en este formulario bajo "Información en caso de emergencia", para que sean notificados a discreción de la escuela y de igual manera, autorizo al doctor/estipulado para que suministre el tratamiento que pudiera ser necesario en caso de emergencia, para el bienestar de dicho estudiante. Asumo la responsabilidad en concepto de cualquier servicio profesional de emergencia que sea requerido.

Printed Name of Parent/Guardian: _____
Nombre de la madre/ padre / guardián (en letra impresa)

Signature of Parent/Guardian: _____ Date: _____
Firma de Padre/Guardián: Fecha:

Keller Independent School District School Health Services Guidelines

Medication Authorization Form



KELLER INDEPENDENT SCHOOL DISTRICT HEALTH SERVICES DEPARTMENT

MEDICATION AUTHORIZATION FORM

Only medications that are required to enable a student to stay in school may be given at school. Three times a day medication should be given before school, after school, and at bedtime. If necessary, medication can be given at school under the following conditions:

1. **MEDICATION MUST BE IN ORIGINAL PROPERLY LABELED CONTAINERS**, dated for the current school year and brought to school by an adult. **MEDICATION SENT IN BAGGIES OR UNLABELED CONTAINERS WILL NOT BE GIVEN.**
2. Prescription medications will be given only with a specific written request signed by at least one parent/guardian. Physicians must be licensed to practice medicine in the State of Texas. The prescription label will serve as the physician's signature. This request form may be obtained at the school or on the Keller ISD website (www.kellerisd.net).
3. A medically untrained person may give the medication.
4. All medications must be kept in the clinic, except for students whose doctor and parent furnishes the school with a written permit to carry an inhaler on their person. A second inhaler must be kept in the clinic.
5. Please speak to the school nurse if your child requires long-term medication, any health procedure, or monitoring.
6. Aspirin or products containing aspirin should not be given to students under the age of 18 without a physician's order.
7. **FDA APPROVED OVER THE COUNTER MEDICINE REQUIRES PARENT/GUARDIAN WRITTEN PERMISSION AND MAY NOT BE GIVEN LONGER THAN 7 DAYS WITHOUT A DOCTOR'S WRITTEN ORDER.**

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL

STUDENT _____ DATE _____

TEACHER _____ GRADE _____ AGE _____

MEDICATION _____ DOSAGE _____ TIME _____

MEDICATION _____ DOSAGE _____ TIME _____

PARENT/GUARDIAN CONSENT:

I give my permission for the above prescription medication(s) to be given to my child at school or on school sponsored field trips. I understand that the medication may be given by an authorized KISD employee. I consent to and authorize the health care provider to disclose health information to the school, and for the school to disclose the above information to those within the school district that have a need to know for legitimate educational purposes.

Parent/Guardian Signature _____ Relationship to student _____

Home Phone # _____ Business/ Cell phone # _____

Physician's Signature _____ Physician's Phone # _____

Keller Independent School District School Health Services Guidelines

Guidelines for Self-Administration of Asthma/Anaphylaxis Medications



KELLER INDEPENDENT SCHOOL DISTRICT HEALTH SERVICES DEPARTMENT

GUIDELINES FOR SELF-ADMINISTRATION OF ASTHMA/ANAPHYLAXIS MEDICATIONS:

A student with asthma or anaphylaxis may possess and self-administer prescription asthma or anaphylaxis medicine while on school property or at a school-related event or activity if:

- 1) the medicine has been prescribed for that student as indicated by the prescription label on the medicine;
- 2) the student has demonstrated to his/her physician or other licensed health care provider and the school nurse, if available, the skill level necessary to self-administer the prescription medication, including the use of any device required to administer the medication;
- 3) the self-administration is done in compliance with the prescription or written instructions from the student's physician or other licensed health care provider; and
- 4) the parent of the student provides written authorization to the school, as follows:

I have instructed _____ in the proper way to use his/her medication.

Diagnosis/Purpose of Medication _____

Name of Medication _____

Dosage of Medication _____

Time/Frequency _____

Duration of Medication _____

It is my professional opinion he/she is capable of using the medication properly and should be allowed to carry and use the medication by him/herself.

Physician's Signature _____ Date _____

Parent's Signature _____ Date _____

School Nurse Signature _____ Date _____

Keller Independent School District School Health Services Guidelines

Allergen Aware Zone

You have indicated that your child has severe food allergies. In order to reduce the risk of accidental exposure in the cafeteria, an allergen aware zone will be offered during all lunches. An allergen aware zone is an area designated in the cafeteria adjacent to class seating where a student may sit with the class but only be surrounded by peers who have food free of the allergen which may adversely affect the student. This area is typically at the end of the row of rectangle tables or a specific section of a round table. The zone should not be physically removed from the section of tables assigned to the class. Only students with lunches that do not contain the allergen will be allowed to sit in this zone.

Please check the box below indicating whether your child will be sitting at the allergy free zone.

I **do** want my child to sit in the allergen aware zone during lunch.

I **do not** want my child to sit in the allergen aware zone during lunch.

Date: _____

Student: _____ Grade: _____

Campus: _____ Teacher: _____

Parent/Guardian: _____

Parent/Guardian Signature: _____

To be completed by school personnel:

Date form received by the school nurse: _____

Date cafeteria personnel notified of zone: _____

Date custodial staff notified of allergen aware zone: _____

Keller Independent School District School Health Services Guidelines

Food Allergy Emergency Action Plan (FAEAP)



FOOD ALLERGY Emergency Action Plan Keller ISD Health Services Department

NAME: _____ DOB: _____ Teacher/Grade: _____

Emergency Contact #1: _____	Preferred Contact # _____
Emergency Contact #2: _____	Preferred Contact # _____
Physician Treating Allergy: _____	Preferred Contact # _____
Preferred Hospital: _____	

Diagnosis/Condition: **FOOD ALLERGY** Extremely reactive to following foods: _____
 Is the allergy life threatening? YES NO Will an Epi-Pen be provided? YES NO
 Date of last reaction? _____ *If yes, parent must provide Epi-Pen
 Symptoms exhibited? _____ Does student have Asthma? YES NO
 _____ Triggers? _____

MEDICATIONS FOR ALLERGY TO BE ADMINSTERED AT SCHOOL:

Medication	Dosage	Route
Epinephrine: _____	_____	_____
Antihistamine: _____	_____	_____
Other: _____	_____	_____

Extremely reactive to the following foods: _____
 If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.
 If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms present.

Any SEVERE SYMPTOMS after suspected or known ingestion:
 One or more of the following:
 Lungs: Shortness of breath, wheeze, repetitive cough
 Heart: Pale, blue, faint, weak pulse, dizzy, confused
 Throat: Tight, hoarse, trouble breathing/swallowing
 Mouth: Obstructive swelling (tongue or lips)
 Skin: Many hives over body, redness/warmth

Or combination of symptoms from different body areas:
 Skin: Hives, itchy rashes, swelling (eyes, lips)
 Gut: Vomiting, diarrhea, crampy pain



1. Immediately give Epinephrine
2. Call 911
3. Monitor student
4. Give additional medications*

*A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached.

Mild symptoms only:
 Mouth: itchy mouth
 Skin: a few hives around mouth/face, mild itch
 Gut: mild nausea/vomiting



1. Give antihistamine
2. Stay with student, call parents
3. If symptoms worsen, give Epinephrine
4. Monitor student

Parent Signature: _____	Date: _____
Physician Signature: _____	Date: _____
School Nurse Signature: _____	Date: _____

Keller Independent School District School Health Services Guidelines

Food Allergy Emergency Action Plan (FAEAP) cont.

Student's Name: _____ DOB: _____

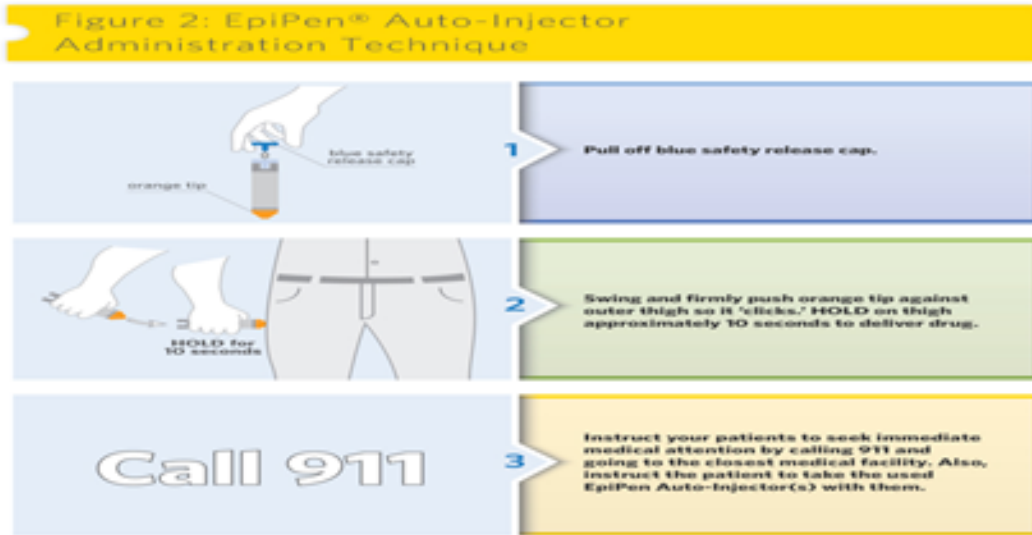
DIAGNOSIS/CONDITION: **FOOD ALLERGY** FOOD ALLERGEN: _____

Emergency Contact #1: _____	Preferred Contact # _____
Emergency Contact #2: _____	Preferred Contact # _____
Physician Treating Allergy: _____	Preferred Contact # _____
Preferred Hospital: _____	

Additional Information:

EPI-PEN INFORMATION: (always call 911 if Epi-Pen administered)

Epi-Pen location	_____
Trained staff/location	_____
Trained staff/location	_____
Buddy Nurse/location	_____
Other:	_____



(copyright www.epipen.com)

Acknowledged and Received by:

Teacher Signature: _____	Date: _____
Registered Nurse Signature: _____	Date: _____
Licensed Vocational Nurse Signature: _____	Date: _____

Keller Independent School District School Health Services Guidelines

Individual Healthcare Plan (IHP) Sample

Individual Healthcare Plan: FOOD ALLERGY

Student's Name: _____ DOB: _____

If food allergy, has cafeteria been notified?

-Contact/Date notified: _____

ASSESSMENT DATA:

Baseline Vital Signs: T- _____ HR- _____ R- _____ BP- _____

Neurological: _____ GI: _____

Respiratory: _____ GI/U: _____

Cardiac: _____ Mobility: _____

Nutrition: _____ Skin: _____

Other: _____

NURSING DIAGNOSIS:

- 1. Ineffective breathing pattern related to inflammation of airway and/or bronchospasm
- 2. Knowledge deficit regarding early symptoms and treatment of anaphylaxis reactions
- 3. Other: _____

GOALS:

- 1. Anaphylaxis symptoms will be recognized and treated promptly.
- 2. Student will demonstrate knowledge of early symptoms of anaphylaxis reaction and importance of prompt treatment
- 3. Other: _____

INTERVENTIONS:

Nursing action:

- Develop Individualized Healthcare plan, in cooperation with student, parents and other school personnel, and provide student-specific information to school personnel with need to know
- Establish emergency procedures and communicate plan effectively
- Post food allergy aware signs on student classroom and campus
- Administer medication as prescribed
- Train staff to recognize anaphylaxis and follow emergency plan
- Provide necessary health education for student to appropriately participate in self-care considering developmental and cognitive abilities.
- Other: _____

EXPECTED OUTCOMES:

- 1. Student will participate in care planning, considering developmental and cognitive abilities
- 2. Student will avoid known food allergens
- 3. Student will communicate known exposure immediately
- 4. Other: _____

Comments/Progress towards goals: _____

Reassessment Time Interval: _____

Registered Nurse Signature: _____ Date: _____

Licensed Vocational Nurse Signature: _____ Date: _____

Keller Independent School District School Health Services Guidelines

Food Allergy Notice for Parents



Keller Independent School District Health Services Department

Food Allergy Notice for Parents

Dear Parents,

This classroom has a student(s) who has been diagnosed with a severe food allergy. A severe food allergy is an allergy that might cause an anaphylactic reaction. An anaphylactic reaction is a serious allergic reaction that is rapid in onset and may cause death.

A child with a serious food allergy can suffer a reaction merely by touching an allergy containing food. Therefore, we are putting the following safety guidelines into effect:

- Please do not send _____ to be eaten as snacks in the classroom. It is fine to send these products for lunch, which are eaten in the cafeteria.
- We will not be doing any classroom projects that involve the food allergen. Please do not send any of these projects into the classroom with your child.
- Birthday parties are a special time for children, but can be a difficult time for the food-allergic child. If you would like to send in baked goods, please be careful about the ingredients. It would be especially helpful if you could let your child's teacher know a few days ahead of when you would like to celebrate your child's birthday, so that the food-allergic child can provide his/her own safe treat.
- We will try to keep the food at holiday parties to a minimum. ~~As with birthday parties, we must be extremely careful about the ingredients in all of the food items.~~
- Children will be encouraged to wash their hands before and after lunch. Similarly, we would greatly appreciate your making sure that your child's hands are washed with soap and water before leaving for school. Water alone does not do the trick!

If you have any questions or concerns about food-allergy-related issues, please do not hesitate to call.

Sincerely,

School Nurse

Classroom Teacher

Keller Independent School District School Health Services Guidelines

Sample Food Allergy Aware Signs for Campus/Classroom

Allergy Aware



This campus has a student(s) with a severe food allergy.
Please be cautious when bringing food into the classroom.
Consult with classroom teacher for further information.

Allergy Aware



This classroom has a student(s) with a severe food allergy.
Please be cautious when bringing food into the classroom.
Consult with classroom teacher for further information.

Keller Independent School District School Health Services Guidelines



Keller Independent School District

Anaphylaxis/Food Allergy Level II/Epinephrine Training Documentation

Employee Name: _____ Date: _____

The following competencies have been demonstrated by employee:

	Initial Training Date	Follow-Up/Review of Skills
Identifies common causes of food allergies		
Describes general and student-specific warning signs of allergic emergency.		
Demonstrates how to activate the school's plan for responding to emergencies		
Identifies student for whom the epinephrine is prescribed		
Interprets accurately when to administer epinephrine/medication		
Reads the label on the epinephrine auto-injector, assuring the correct dosage		
Identifies expiration date on the epinephrine auto-injector assuring medication is current		
Demonstrates safe handling of epinephrine auto-injector		
Demonstrates the correct procedure for giving epinephrine by auto-injector (Right student, Right Medication, Right Dosage, Right Route, Right Time)		
Describes how to access EMS, school nurse, Student's parent/guardian and provide emergency care while awaiting EMS		

Notes: _____

Signatures:

Training Provided By: _____ RN.

Employee: _____

Keller Independent School District School Health Services Guidelines



ANNUAL REVIEW OF CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

Date annual review completed: _____

Signature of committee members:

*Director of Health Services, 1 Campus Principal, 1 School Nurse and 1 Parent of a Student with Anaphylaxis