

**Food Allergy  
Management Plan**

The District shall develop and implement a student food allergy management plan that includes the components below.

General Procedures

Procedures to limit the risk posed to students with food allergies shall include:

1. Specialized training for employees responsible for the development, implementation, and monitoring of the District's food allergy management plan.
2. Awareness training for employees regarding signs and symptoms of food allergies and emergency response in the event of an anaphylactic reaction.
3. General strategies to reduce the risk of exposure to common food allergens.
4. Methods for requesting specific food allergy information from a parent of a student with a diagnosed food allergy. [See FD]
5. Annual review of the District's food allergy management plan.

Students at Risk for  
Anaphylaxis

Procedures regarding the care of students with diagnosed food allergies who are at risk for anaphylaxis shall include:

1. Development and implementation of food allergy action plans, emergency action plans, individualized health-care plans, and Section 504 plans, as appropriate.
2. Training, as necessary, for employees and others to implement each student's care plan, including strategies to reduce the student's risk of exposure to the diagnosed allergen.
3. Review of individual care plans and procedures periodically and after an anaphylactic reaction at school or at a school-related activity.

**Distribution**

Information regarding this policy and the District's food allergy management plan shall be distributed annually in the student handbook and made available at each campus.



## Walnut Bend Independent School District

47 County Road 198  
Gainesville, Texas 76240  
www.walnutbendisd.net

- School guidelines for Managing Students with Food Allergies

Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced in the school setting if schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for food-allergic student.

### Family's Responsibility

- Notify the school of the child's allergies
- Work with the school team to develop a plan that accommodates the child's needs throughout the school including in the classroom, in the cafeteria, during school-sponsored activities, and on the school bus, as well as a Food Allergy Action Plan.
- Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on the written form.
- Educate the 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 an adult they may be having an allergy-related problem
  - How to read food labels (age appropriate)
- Provide emergency contact information

### School's Responsibility

- Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
- Review the health records submitted by parents and physicians.
- Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- Assure that all staff who interact with the student on a regular basis understands food allergy, can recognize symptoms, knows what to do in an emergency, and work with other school staff to eliminate the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives.
- Practice the Food Allergy Action Plan before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.

- Designate school personnel who are properly trained to administer medications in accordance with the State Nursing and Good Samaritan Laws governing the administration of emergency medications.
- Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day regardless of time or location
- Work with the district transportation administrator to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.
- Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.
- Follow federal/state/district laws and regulations regarding sharing medical information about the student.
- Take threats or harassment against an allergic child seriously.
- Supportive Relationships: Children without food allergies learn to develop empathy for children with food allergies and enhanced their understanding of food allergies.
  - Should be proactive in the care and management of their food allergies and reactions based on their development level.
  - Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.
  - Individual Education: Tailored food allergy action plans are developed for each child.

### **Student's Responsibility**

- Should not trade food with others
- Should not eat anything with unknown ingredients or known to contain any allergens.
- Should be proactive in the care and management of their food allergies and reactions based on their development level.
- Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.



# Walnut ISD Special Diet Accommodation Form

Please return signed form to your child's school nurse.

The United States Department of Agriculture regulations require substitutions or modifications in school meals for children whose disabilities restrict their diets. If a physician or other licensed healthcare provider determines that a child's food allergies may result in severe, life-threatening (anaphylactic) reactions, then the child's condition will meet the definition of a disability, and West ISD's Food and Nutritional Services must make the prescribed substitutions. In order to do so, the school must receive the following signed statement from the student's physician or other licensed healthcare provider.

### Part 1: TO BE COMPLETED BY PARENT/GUARDIAN

Student Name:	Student ID #:
Date of Birth:	School/Grade:
Parent/Guardian Name:	Phone #:

Will your child be eating meals prepared by the School Cafeteria?  Breakfast  Lunch  No

I understand that it is my responsibility to submit a new form anytime changes occur (i.e. student's medical or health needs change). To remove allergy restrictions from the student's account, the parent/guardian must submit a signed note or send an email stating that the student no longer has the food allergy/intolerance.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part 2: TO BE COMPLETED BY THE STUDENT'S TREATING PHYSICIAN (PLEASE PRINT)

Does the above named student have an identified medical disability requiring a special diet?  
 **NO** (a special diet is not required)  
 **YES (Complete Part 2 Below)**

- SEVERE FOOD ALLERGY:** Student has a food allergy that is severe and/or causes an anaphylactic reaction
- MILD FOOD ALLERGY:** Student has a food allergy that is less severe (rash/hives, digestive problems, itching)
- FOOD INTOLERANCE:** Student has a food intolerance that may cause digestive problems, fatigue, irritability
- DYSPHAGIA/DISABILITY:** Student has difficulty eating- swallowing, chewing, drinking

**Please choose foods to OMIT from the student's diet during the school day (select all that apply).**

- |  |  |  |
|--|--|--|
| <b>Dairy</b>   | <b>Eggs</b>  | <b>Soy</b>   |
| <input type="checkbox"/> Dairy milk                                | <input type="checkbox"/> Whole eggs                                | <input type="checkbox"/> Whole soy (tofu, edamame)           |
| <input type="checkbox"/> Cheese                                    | <input type="checkbox"/> Egg whites                                | <input type="checkbox"/> Soy protein                         |
| <input type="checkbox"/> Yogurt                                    | <input type="checkbox"/> All menu items with egg as an ingredient  | <input type="checkbox"/> All menu items with soy ingredients |
| <input type="checkbox"/> All dairy products                        |  |  |
| <input type="checkbox"/> All menu items with milk as an ingredient |  |  |
| <b>Nuts</b>  | <b>Corn</b>  | <b>Wheat/Gluten</b>  |
| <input type="checkbox"/> Peanuts                                   | <input type="checkbox"/> Whole corn                                | <input type="checkbox"/> Wheat                               |
| <input type="checkbox"/> Tree nuts                                 | <input type="checkbox"/> All menu items with corn as an ingredient | <input type="checkbox"/> Gluten                              |
|  |  | <b>Fish/Shellfish</b>  |
|  |  | <input type="checkbox"/> Fish                                |
|  |  | <input type="checkbox"/> Shellfish                           |

**Other** (please specify): \_\_\_\_\_

**Safe Food Substitutes** (for items checked above): \_\_\_\_\_

**I certify that the above named student requires food substitutes, as described above, due to their disability, food allergy, or food intolerance.**

Medical Authority Name Printed: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Walnut Bend ISD Food and Nutrition Services will attempt to accommodate the substitutions as requested, but reserves the right to modify the menu based on product availability.

This institution is an equal opportunity provider.



Walnut Bend Independent School
District Severe Allergy Emergency
Action Plan

School Year \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ ID# \_\_\_\_\_ Gr./Tea./Sec. \_\_\_\_\_

Place
Child's
Picture
Here

ALLERGY TO: \_\_\_\_\_

Asthmatic? [ ] Yes\* [ ] No \*Higher risk for severe reaction

Prescribed Treatment

Table with 3 columns: Symptoms, Give Checked Medication (To be determined by the physician authorizing treatment), and Place an 'X' or check for each required medication. Rows include symptoms like food allergen, mouth, skin, gut, throat, lung, heart, and other, with corresponding medication options like Epinephrine and Antihistamine.

\*Potentially life threatening. The severity of the symptoms can change quickly.

Monitor for side effects of epinephrine injection: nervousness, palpitations, fast heart rate, sweating, tremor, anxiety, dizziness, headache, nausea, vomiting, or weakness.

DOSAGE

Epinephrine: inject intramuscularly by autoinjector: [ ] 0.3 mg [ ] 0.15 mg

[ ] Give second epinephrine dose after \_\_\_\_\_ minutes if no improvement and EMS has not arrived.

Antihistamine: give \_\_\_\_\_ (medication / dose / route)

Other: \_\_\_\_\_ (medication / dose/ route)

Physician Consent for Self Administration of epinephrine auto-injector

I have instructed the student named here in the proper way to use his/her epinephrine auto-injector. It is my professional opinion that this student [ ] should / [ ] should not (check one) be allowed to carry and self-administer his/her

epinephrine auto-injector while on school property or at school-related events. Physician Initials \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent Consent / Anaphylaxis**

Name \_\_\_\_\_ ID# \_\_\_\_\_ DOB \_\_\_\_\_ Gr./Tea./Sec. \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contacts**

- 1. Call 911. State that an allergic reaction has been treated and additional epinephrine may be needed.
- 2. Emergency Contacts:

	Name	Phone #	Relationship
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

**Even if parent/guardian cannot be reached, do not hesitate to medicate or take the student to a medical facility!**

**Background Information (Completed by parent or physician)**

Please describe the circumstances under which you became aware that your child has a severe allergy to the substance listed on the front. (e.g. Reaction after ingestion, sting or exposure to allergen, allergy skin testing, etc.) Describe your child’s reaction.

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Has the student ever experienced a life threatening reaction in the past that required emergency room care or hospitalization? What care was needed at that time?

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**Parent Consents**

**Parent Consent for Self Administration of Epinephrine Auto-injector**

I, the parent of the student named here,  do /  do not (check one) agree with his/her physician to allow my child to carry his/her epinephrine auto-injector. If my child carries her/hers own, I realize that the school clinic will not have his/her personal epinephrine autoinjector unless I supply the school with an extra one in case my child forgets his/hers. I understand that the school nurse will also assess my child’s knowledge and ability to identify symptoms and self-administer epinephrine. **Parent Initials** \_\_\_\_\_

**Parent/Guardian Consent for Unlicensed Assistive Personnel to Administer epinephrine auto-injector**

I  do /  do not (check one) authorize the District to designate unlicensed assistive personnel (UAP) who have been trained by a medical professional, including but not limited to, emergency medical personnel, a physician and/or a registered nurse to administer epinephrine auto-injector to my child while in attendance at Walnut Bend ISD or Walnut Bend ISD related events (such as field trips and athletic events), when a trained medical professional may not be available. I understand that school related health services may not be provided to my student without my required consent, as outlined herein. **Parent initials** \_\_\_\_\_

**Parent/Guardian Consent to Share Information and Picture**

I  do /  do not (check one) authorize Walnut Bend ISD to display a picture of my child and identify that this is a person with a severe allergy. I understand that school staff that comes into contact with my child will be given (nature of condition / allergy) information about my child that would assist them in an emergency situation. This may include but is not limited to: office staff and substitutes, classroom teachers and aides, special subject teachers, substitute teachers, cafeteria staff and bus drivers. I understand that the reason for this is to enable school personnel to better prevent and respond to potential emergencies. This authorization is valid from the date signed for the remainder of the current school year. **Parent Initials** \_\_\_\_\_

**Parent/Guardian Authorization for School Staff to Communicate Health Information**

*I authorize the District's designees, including District medical professionals and UAPs, to share/obtain my student's health related information with the medical health professional or health care provider identified above to plan, implement or clarify actions necessary in the administration of school related health services such as but not limited to: emergency care, care for any documented diagnosis, medical treatments as outlined in a student's IHP, 504 plan, IEP, or other WBISD form requesting for school health care services. By signing this Authorization, I readily acknowledge that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by designees authorized herein and the person(s) with whom they communicate, and no longer be protected by the HIPAA rules. I realize that such re-disclosure might be improper, cause me embarrassment, cause family strife, be misinterpreted by non-health care professionals, and otherwise cause me and my family various forms of injury. I hereby release any Health Care Provider that acts in reliance on this Authorization from any liability that may accrue from releasing my child's Individually Identifiable Health Information. School-related health services described herein shall not be provided to a student without the required consent of the parent/guardian, as outlined herein. **Parent initials** \_\_\_\_\_*

**Parent/Guardian Release of Claims Against District and Agreement to Indemnify**

**To the extent permitted under the law, on behalf of myself and the student, I release and agree to defend, indemnify, and hold harmless the District for all claims, damages, demands, or actions arising from, relating to or growing out of, directly or indirectly, the administration of epinephrine auto-injector to the student and/or Student's self-administration of the epinephrine auto-injector. This release is to be construed as broadly as possible. It includes a release of claims against the District for its, joint or singular, sole or contributory, negligence or strict liability, including liability arising from the alleged violation of any statute (other than those which protect against discrimination based on race, age, sex, or other classification which has experienced historical discrimination), growing out of, relating to, or arising out of, directly or indirectly, the School Staff's administration of epinephrine auto-injector to the student, Student's self-administration of epinephrine auto-injector, or the disclosure of the student's Individually Identifiable Health Information, including but not limited to claims that School Staff failed to properly and sufficiently assess my child's knowledge and ability to identify symptoms and self-administer his/her administration of epinephrine auto-injector, negligently failed to recognize symptoms requiring the use of epinephrine auto-injector misconstrued symptoms which it believed necessitated the use of epinephrine auto-injector administered or failed to administer epinephrine auto-injector and/or "over-disclosed" my child's health information. Parent Initials** \_\_\_\_\_

The School Health Administrative Guidelines developed by the Walnut Bend Independent School District are subject to the Americans with Disabilities Act ("ADA"), 42 U.S.C. §12101, et seq.; Section 504 of the Rehabilitation Act of 1973 ("Section 504"), 29 U.S.C. § 701, et seq.; and the Individuals with Disabilities Education Act ("IDEA"), 20 U.S.C. § 1400 et seq.

**Parent's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# Walnut Bend ISD

## Parent Statement of Food/Environmental Allergy Information

Dear Parent:

This form allows you to disclose/explain information regarding a food/insect/environmental allergy that was listed on the Health Form you filled out when you registered your child. The information you provide will guide the district to take necessary precautions for your child’s health and safety.

Allergies may be “mild” or “severe”. A mild food/insect/environmental allergy may cause symptoms such as mild itching of the mouth or skin, a scattered rash, or sneezing. “Severe food/insect/environmental allergy” means a dangerous or life threatening reaction of the human body to an allergen introduced by inhaling, eating, or touching the item. A severe allergy requires immediate medical attention. Symptoms of a “severe allergy” may include any or all of the following symptoms:

### SIGNS OF ALLERGIC REACTION

- **MOUTH** Itching and swelling of the lips, tongue or mouth
- **THROAT** Itching and/or a sense of tightness in the throat, hoarseness, hacking cough
- **SKIN** Hives, itchy rash, and/or swelling of the face, extremities
- **GUT** Nausea, abdominal cramps, vomiting and/or diarrhea
- **LUNGS** Shortness of breath, repetitive coughing, and/or wheezing
- **HEART** Thready pulse, passing out

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

**Please list any food/environmental items to which your child is allergic or severely allergic, as well as the route of exposure, reaction, and if you consider the reaction “life threatening” or “mild”.**

<i>Food/Insect/Environmental Agent or Medication</i>	<i>Route of exposure: Eaten, Touched, Inhaled</i>	<i>Symptoms of Allergic Reaction</i>	<i>Life Threatening or Mild Reaction</i>

*\*\*Please note: 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 letter from the physician must be provided. Contact the Student Nutrition Office at 940-665-5990 for further information.*

**Please return this form to the school office immediately.** After evaluation, if further information is needed, the office will be in contact with you.

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Please print): \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Date form received by the office:** \_\_\_\_\_





## WALNUT BEND ISD

### FOOD ALLERGY NOTICE FOR PARENTS

Date: \_\_\_\_\_

Dear Parents:

The health and safety of all students in Walnut Bend ISD is a priority for our district. We are requesting your help in keeping our students safe.

A student in your child's classroom has been diagnosed with a severe food allergy. A severe food allergy is a reaction to a food that may cause anaphylaxis. Anaphylaxis can cause breathing problems, hives, low blood pressure, shock, and even death. Anaphylaxis is very rapid in onset and may even cause the death of the student if left untreated. Children with a severe food allergy must avoid that food totally. Many children even react if the food gets on their skin or if they smell the food. Care must be taken to prevent the child from touching or eating the offending food. Therefore, we are asking your cooperation as we put the following guidelines into effect.

- Please do not send \_\_\_\_\_ to be eaten as a snack in the classroom. It is fine to send these products for lunch, which is 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.
- For any parties or special celebrations in our classroom, please avoid sending products that have the food allergen listed in the ingredients.
- Children will be encouraged to wash their hands before and after lunch. We would greatly appreciate your making sure that your child's hands are washed with soap and water before leaving for school. Water alone will not wash off the allergen.

If you have any questions or concerns about food allergy related issues please do not hesitate to get in touch with us. We appreciate your help.

Sincerely,

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Administrative Assistant

\_\_\_\_\_  
Classroom Teacher