

**CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR
ANAPHYLAXIS**

FFAF(R1)

This document provides direction and detailed guidance in the management of students with food allergies at-risk for anaphylaxis, in accordance with SB 27 and Chapter 38 of the Texas Education Code (TEC) by adding §38.0151. This serves to consolidate and supersede previous guidance documents regarding food allergies and anaphylaxis. The former Administrative Regulation titled “Food Allergies and Anaphylaxis” and the guideline titled “Care of the Student with Food Allergies At-Risk for Anaphylaxis” were merged into this comprehensive Administrative Regulation. All staff should now refer exclusively to this document for current procedural guidance.

CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

FFAF(R1)

Table of Contents

1. Purpose and Scope.....4

2. Background.....4

3. Definitions4

4. Procedure6

 4.1 Notification of a Food Allergy6

 4.2 School Nurse Responsibilities (Upon Notification)6

 4.3 Environmental Controls6

 4.4 Training Requirements7

 4.4.1 Level I Training.....7

 4.4.2 Level II Training.....7

 4.5 Post Anaphylaxis Conference7

 4.6 Fatal Reaction8

 4.7 Annual Review8

5. Responsibilities of Stakeholders8

 5.1 Family & Student Responsibilities8

 5.2 School Nurse (RN) Responsibilities8

 5.3 Campus Administrator Responsibilities.....9

 5.4 Classroom Teacher Responsibilities9

 5.5 Coaches/Sponsors of Before and After School Sponsored Activities 10

 5.6 Custodial Staff Responsibilities 10

 5.7 Child Nutrition Responsibilities 10

 5.8 Transportation Department Responsibilities 10

References: 11

Appendices: 13

 Appendix A: Parent Statement of Food Allergy Information 14

CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

FFAF(R1)

Appendix B: Medical and Emergency Care Authorization 15
Appendix C: Medication Authorization Form..... 17
Appendix D: Allergen Aware Zone 18
Appendix E: Food Allergy Emergency Action Plan (FAEAP) 19
Appendix F: Individual Healthcare Plan (IHP) Sample..... 21

CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

FFAF(R1)

1. Purpose and Scope

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

2. Background

A food allergy is an abnormal response to food, triggered by the body's immune system. Symptoms of a food-induced allergic reaction may range from mild to severe and may become life-threatening (anaphylaxis). The severity of an allergic reaction is not predictable. Given the increasing prevalence of food allergies, the care of students with life-threatening allergies is a major concern for school personnel. School personnel must be prepared to:

- Effectively manage students with known food allergies.
 - Recognize symptoms of an allergic reaction in both diagnosed and undiagnosed students to respond to emergency needs.
 - Strict avoidance of food allergens and early recognition and management of allergic reactions are critical measures to prevent serious health consequences. Studies show that 16–18 percent of children with food allergies have had reactions due to accidental ingestion at school, and 25 percent of anaphylactic reactions in schools occur among students without a previous food allergy diagnosis.
 - Effective management requires children, parents/caregivers, and school personnel to work cooperatively to create a safe and supportive learning environment through:
 - Educating on strict avoidance of the food allergen.
 - Recognizing the signs and symptoms of an allergic reaction.
 - Initiating emergency treatment (e.g., using an auto-injector with epinephrine) in case of unintended exposure.
-

3. 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

CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

FFAF(R1)

	adversely affect the student. The zone should not be physically removed from the class section.
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.
Epinephrine (Adrenaline)	Medication used to counteract anaphylaxis, usually administered via an auto-injector.
Emergency Medical Service (EMS)	An emergency medical technician or paramedic trained to provide out-of-hospital medical care in urgent situations and provide transportation to the nearest hospital.
Food Allergy	A potentially serious immune-mediated response that develops after ingesting or encountering specific foods or food additives.
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.
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 based on medical orders written by a healthcare provider.
Parent Statement of Food Allergy Form	A form to disclose a child's food allergy or severe food allergy to enable the district to take necessary precautions. (This definition also incorporates the form signed by a licensed physician indicating the disability, restrictions, and necessary substitutions.)
School Nurse	A person who holds a current license as a registered professional nurse (RN) from the Texas Board of Nursing.

CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

FFAF(R1)

School-Sponsored Activity	Any activity, event, or program occurring on or off school grounds, 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.

4. Procedure

4.1 Notification of a Food Allergy

Parents/guardians notify the school of a child's known severe food allergy during the enrollment process by directly notifying the campus nurse if the diagnosis occurs later. This notification is the first step in planning care.

4.2 School Nurse Responsibilities (Upon Notification)

The campus nurse will:

- Identify students with severe food allergies.
- Request parents complete and submit:
 - Parent Statement of Food Allergy Information form.
 - Request for Medication Authorization form (with physician signature).
 - Food Allergy Emergency Action Plan (FAEAP) form (with physician signature).
 - Allergen Aware Zone form (as applicable).
- Review and complete the FAEAP and distribute it to personnel with a need to know.
- Develop an IHP for the food allergy, as applicable, in collaboration with the physician, parent, administrator, and teacher.
- Notify Child Nutrition and Transportation.
- Initiate the 504 process, if appropriate.

4.3 Environmental Controls

Campuses will establish environmental controls through:

CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

FFAF(R1)

- Designation as "Allergy Aware" by posting signs on main doors, cafeteria, and identified classroom doors (listing specific allergen on classroom doors on elementary campuses, where appropriate).
- As appropriate, classroom/grade level parent communication regarding specific allergies.
- Offering an "allergen aware zone" in the cafeteria, cleaned with designated supplies.
- Encouraging hand washing (soap and water or hand wipes) after meals.

4.4 Training Requirements

4.4.1 Level I Training

Target: All employees (district-wide).

Frequency: Conducted annually through the Professional Development Compliance process at the beginning of the school year.

Content: Most common food allergens, hazards of food for instructional purposes, importance of environmental controls, signs and symptoms of an anaphylactic reaction, how to use an FAEAP, and how to administer epinephrine.

4.4.2 Level II Training

Target: All employees associated with the student (classroom teacher(s), cafeteria personnel, club sponsors, coaches, and KISD before/after school caregivers).

Coordinator: School Nurse.

Content: More in-depth Level I information, identifying students at risk, planning for students without epinephrine at school, FAEAP/IHP/504 plan development and implementation, emergency communication protocols (including substitute staff), environmental control factors, working with EMS, and post-anaphylaxis debriefing.

Documentation: School Nurse must document Level II training on the designated form and maintain records on campus.

4.5 Post Anaphylaxis Conference

In the event of an anaphylactic event, a post-exposure conference will be held on campus, coordinated by the School Nurse and Campus Administrator. The debriefing will address:

- Identification of the source of the allergen exposure.
- Steps to prevent future exposure.

CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

FFAF(R1)

- Review of the FAEAP/IHP/504 plan(s).
- Interview of the student and witnesses.
- Work with Child Nutrition if the allergen was due to school-served food.
- Replacement of epinephrine if used at school.

4.6 Fatal Reaction

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

4.7 Annual Review

There will be an annual review of this process by Health Services.

5. Responsibilities of Stakeholders

5.1 Family & Student Responsibilities

Family Responsibilities:

- Notify the school of the student's allergies accurately, preferably during online enrollment.
- Work with the School Nurse to develop and review the FAEAP and IHP and discuss accommodations.
- Provide completed and signed Medication Authorization (physician-signed), Allergen Aware Zone form, and FAEAP (physician-signed).
- Provide properly labeled and unexpired medications and replace them after use.
- Work with the child on self-management (safe/unsafe foods, avoidance strategies, symptom recognition, and self-carrying medication, if age-appropriate).
- Meet with school staff for a post-exposure conference and update emergency contact information.
- Work with non-KISD after-school program providers to develop FAEAPs and provide medications (note: 504 accommodations do not apply to outside agencies).

Student Responsibilities (As Developmentally Appropriate):

- 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.
- Immediately notify an adult if they believe they may have consumed an allergen.

CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

FFAF(R1)

5.2 School Nurse (RN) Responsibilities

- Review health conditions and request/ensure submission of all required documentation (FAEAP, IHP, Medication Authorization).
- Document all information on electronic computerized records.
- Notify Child Nutrition, Transportation, Teachers, and KISD After-School Coaches/Sponsors.
- Provide staff with a need to know a copy of the FAEAP.
- Provide teachers with a Food Allergy Notice for Parents to send home.
- Ensure medications are properly labeled and stored safely (accessible but unlocked), noting expiration dates.
- Provide Level I and Level II Food Allergy training and maintain documentation.
- Periodically assess staff readiness to administer epinephrine (e.g., prior to field trips).
- Coordinate with the administrator for the Post Exposure Conference.
- Collaborate with the administrator to schedule routine student and staff awareness opportunities (e.g., using resources like Be a PAL).

5.3 Campus Administrator Responsibilities

- Ensure a process is in place for identifying at-risk students.
- Ensure designated staff complete Level I and Level II Food Allergy training annually.
- Ensure at least one Level II trained staff member attends field trips.
- Ensure a plan is in place to notify substitute teachers and to respond to reactions when the nurse is unavailable.
- Ensure the designation and cleaning protocol for the "allergen aware zone" in the cafeteria.
- Ensure the campus is designated as a "food allergy aware" campus with posted signs.
- Limit use of food as rewards and manipulatives in classrooms.
- Coordinate the Post Exposure Conference with the School Nurse.
- Collaborate with the nurse to schedule routine student and staff awareness opportunities.

CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

FFAF(R1)

5.4 Classroom Teacher Responsibilities

General and Classroom:

- Complete Level I and Level II Food Allergy training.
- Review the student's FAEAP and keep an accessible copy with a photo.
- Inform student teachers, aides, specialists, and substitute teachers.
- Send home the Food Allergy Notice for Parents.
- Be aware of bullying/stigmatization and adhere to KISD policy.
- Work with the nurse to educate other parents.
- Inform parents and the nurse of any school events where food will be served.
- Ensure the FAEAP is followed during a suspected reaction; the student should be escorted to the clinic 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, rewards).
 - Welcome parental involvement in planning parties; consider non-food treats.
 - Use non-food items such as stickers, pencils, etc as rewards instead of food.

Snack time/Lunchtime:

- Establish processes to ensure the student eats only food known to be safe (brought from home).
- Encourage hand washing (soap and water or hand wipes—alcohol-based hand sanitizers are NOT effective against allergens).
- Teach students the importance of not sharing or trading food.
- Field Trips:
 - Give the nurse at least TWO weeks' notice.
 - Ensure the FAEAP and the student's epinephrine are taken.
 - Collaborate with parents on planning eating arrangements to reduce exposure.
 - Ensure 1 or 2 Level II trained staff members are on the trip.
 - Encourage hand washing before and after eating.

5.5 Coaches/Sponsors of Before and After School Sponsored Activities

- Conduct the activity in accordance with policies.

CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

FFAF(R1)

- Provide the school nurse with a list of participating students.
- Obtain a copy of the FAEAP and ensure all coaches/sponsors receive Level II Food Allergy training.
- Know if the student is self-carrying epinephrine or where it is located.
- Discourage trading/sharing food and utensils and monitor good hand washing practices.

5.6 Custodial Staff Responsibilities

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

5.7 Child Nutrition Responsibilities

- Review legal protections and ensure students with severe food allergies in the school meal program are given safe food items as outlined by the physician's signed statement.
- Make appropriate substitutions or modifications.
- Read all food labels and recheck routinely; train all staff and substitutes to do the same.
- Follow sound food handling practices and cleaning/sanitation protocol to avoid cross-contact.
- Provide Level I training.
- Avoid the use of latex gloves.
- Provide advance copies of the menu and specific ingredient lists upon request.
- Be prepared to take emergency action and participate in the Post Exposure Conference as applicable.

5.8 Transportation Department Responsibilities

- Provide Level I Food Allergy training to all bus drivers.
- Coordinate Level II Food Allergy training for bus drivers with at-risk students on their route who are authorized to self-carry epinephrine.
- Obtain and provide bus drivers with the student's FAEAP.
- Maintain a policy of no consumption of food or drinks on the buses.

**CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR
ANAPHYLAXIS**

FFAF(R1)

- Ensure bus drivers know how to contact EMS in an emergency.

CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

FFAF(R1)

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CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

FFAF(R1)

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**CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR
ANAPHYLAXIS**

FFAF(R1)

Appendices:

Appendix A: Parent Statement of Food Allergy Information

Appendix B: Medical and Emergency Care Authorization

Appendix C: Medication Authorization Form

Appendix D: Allergen Aware Zone

Appendix E: Food Allergy Emergency Action Plan (FAEAP)

Appendix F: Individual Healthcare Plan (IHP) Sample

CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

FFAF(R1)

Appendix A: 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.)

Keller Independent School District
 Health Services Department/Child Nutrition Department
**Parent Statement of Food Allergy Information For Care of
 Students with Food Allergies At-Risk For Anaphylaxis**

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 physician-signed medical statement listing the child's disability, an explanation of why the disability restricts the child's diet, the major life activity affected by the disability, and food(s) that must be omitted or substituted must be provided.

TO BE COMPLETED BY PHYSICIAN:

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 (COMPLETED BY PHYSICIAN ONLY)

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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CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

FFAF(R1)

Appendix B: Medical and Emergency Care Authorization

MEDICAL AND EMERGENCY CARE AUTHORIZATION / INFORMATION

School:	Grade Level:	School Year: 2025-26
Student Information		
Student's Name:	Student ID #:	Student Homeroom #:
Address:	Birth Date:	Daytime Phone:
City, State, Zip:	Gender:	Other Phone:
Emergency Information		
Parent/Guardian Name:	Relationship:	Cell Phone:
Emergency Contact Name:	Relationship:	Daytime Phone:
Physician:	Phone:	Hospital:
Does your child take any medication on a regular basis?	Medicine:	Dosage: Home or School: Reason:
	Medicine:	Dosage: Home or School: Reason:
	Medicine:	Dosage: Home or School: Reason:
	Medicine:	Dosage: Home or School: Reason:
Does your child have any allergies? If Yes, please specify type: Food Allergies: Medication Allergies: Insect Allergies: Latex Allergy: [] Other Allergy:	*If food allergy: Complete Parent Statement of Food Allergy Information Form. (Physician signature required. Return to campus nurse.)	Is the allergy life threatening? Will you be providing an Epi-Pen?
Has your child been diagnosed with any chronic illness or health condition?	If yes, please list: <input type="checkbox"/> Anxiety <input type="checkbox"/> Asthma <input type="checkbox"/> ADD or ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Blood Disorder <input type="checkbox"/> Cardiac Disorder <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes Type 1 <input type="checkbox"/> Diabetes Type 2 <input type="checkbox"/> Feeding Restriction <input type="checkbox"/> Seizures <input type="checkbox"/> Hearing Impaired or Deaf <input type="checkbox"/> Hypoglycemic <input type="checkbox"/> Migraine <input type="checkbox"/> Mobility Issues Affecting Daily Living Activities <input type="checkbox"/> Scoliosis <input type="checkbox"/> Vision Impairment <input type="checkbox"/> Other (i.e. serious injury, major operation) If Other, please specify:	
Submitted: _____ Keller Independent School District Page 1 of 2		

CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

FFAF(R1)

Does your child... Wear Glasses/Contacts: [] Wear Hearing Aid: [] Have a prosthesis:[]	
Has your child had chicken pox (varicella) disease?	If so, provide date (month, day, year):
Would you prefer a language interpreter for medical and health related communication from the school nurse?	What language?:
Is there anything the nurse should know to better care for your child?	If yes, please list:

For children with life threatening conditions please see the school nurse for further information.

Electronic Signature

I hereby authorize the person(s) that have been listed as my student's EMERGENCY CONTACTS and the PHYSICIAN named below to be notified at the campus' discretion. I further authorize the Superintendent of Keller ISD or a designated representative to secure any and all emergency medical care and treatment for my student for acute illness suffered or injury sustained while at school or participating in school-related activities. I prefer that emergency treatment be secured at the facility named below; however, I understand that the District may use another licensed hospital or medical facility if necessary. Furthermore, I understand that any cost of services or expenses incurred for the treatment of my student remains the responsibility of the parent/guardian and will not be assumed by the District or any of its officers or employees.

Parent / Guardian:

CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

FFAF(R1)

Appendix C: Medication Authorization Form



School Year _____
School _____
Grade _____
Student ID # _____

MEDICATION ADMINISTRATION AUTHORIZATION FORM

Student Name: _____ **Date of Birth:** _____
Medication Allergies: _____

Only those FDA approved medications that are medically necessary during school hours to enable a student to stay in school may be administered under the following conditions;

All Medications: Prescription & Non-Prescription

- Must be provided by the parent/legal guardian.
- Requires authorization dated for the current school year that is signed by the parent/legal guardian and a medical practitioner with authority to write prescriptions in the State of Texas (a current prescription label can serve as the physician's signature).
- Must be in the original container, properly labeled, and not expired.
- The first dose should be given at home to monitor for potential side effects.
- Changes in medication or dosage require a new authorization form.
- Must be stored in the clinic unless written authorization (below) is provided to self-carry and administer a rescue inhaler, epinephrine, or diabetic insulin and supplies.
- Must be picked up by the last day of school or will be disposed of, as required by law.

MEDICATION ADMINISTRATION INSTRUCTIONS						
Medication Name	Start Date	Stop Date	Dose	Route (how is it taken)	Time(s) to be given at school	Diagnosis/Reason for medication

Medical Practitioner's Printed Name _____ Phone Number _____
Medical Practitioner's Signature _____ Date _____

MEDICAL PRACTITIONER AUTHORIZATION FOR SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION: I have instructed the above-named student, and they have demonstrated the ability to properly self-carry and self-administer their rescue inhaler and/or epinephrine delivery device and/or diabetic insulin and supplies. Back-up inhaler and/or epinephrine delivery device and/or diabetic insulin and supplies should be supplied to the clinic for emergencies.

Inhaler Epinephrine Delivery Device Diabetic Insulin and supplies

Parent/Legal Guardian Signature _____ Date _____
Medical Practitioner's Signature _____ Date _____

PARENT/LEGAL GUARDIAN AUTHORIZATION: I request authorized Keller ISD staff to administer the medication(s) specified to my child during school hours or on school sponsored field trips according to the instructions above. I give my permission to Keller ISD staff to contact the medical practitioner for additional information, if needed.

Parent/Legal Guardian Printed Name _____ Phone Number _____
Parent/Legal Guardian Signature _____ Date _____

HIGH SCHOOL STUDENTS ONLY – PARENT/LEGAL GUARDIAN AUTHORIZATION: I give permission for my child to bring home their medication (other than controlled substance) at the end of the school year.

Parent/Legal Guardian Signature _____ Date _____

KISD Staff Signature _____ Date Received in Clinic _____ Revised 06/2025

CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

FFAF(R1)

Appendix D: Allergen Aware Zone

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 in 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: _____

_____ Teacher: _____

Campus:

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: _____

CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

FFAF(R1)

Appendix E: Food Allergy Emergency Action Plan (FAEAP)



School Year _____
School _____
Grade _____
Student ID # _____

ALLERGY AND ANAPHYLAXIS EMERGENCY ACTION PLAN

Student Name: _____	Date of Birth: _____	Weight: _____
Emergency Contact #1: _____	Preferred Contact #: _____	
Emergency Contact #2: _____	Preferred Contact #: _____	
Physician that Treats Allergy: _____	Physician's Contact #: _____	
Preferred Hospital: _____		

Allergic to: _____

Asthma: YES NO (If yes, higher chance of severe reaction)

Has had anaphylaxis in the past: YES NO If yes, date of last reaction: _____

Extremely reactive to the following allergen(s): _____

This section and below is to be completed by the Physician

If checked, give **epinephrine IMMEDIATELY** for **ANY** symptoms if **LIKELY** had contact with the allergen.

If checked, give **epinephrine IMMEDIATELY** for **DEFINITE** contact with the allergen, **even if no symptoms** are present.

WHAT TO LOOK FOR	WHAT TO DO
<p style="text-align: center;">ANY OF THE FOLLOWING SEVERE SYMPTOMS:</p> <ul style="list-style-type: none"> • LUNG - Shortness of breath, wheezing, repetitive cough • HEART - Skin color is pale or bluish, weak pulse, dizziness or fainting • THROAT - Tight or hoarse throat, trouble breathing or swallowing • MOUTH - Swelling of lips or tongue that bothers breathing • SKIN - Many hives over body, widespread redness • GUT - Repetitive vomiting or severe diarrhea • OTHER - Feeling like something bad is going to happen (doom), confusion, or agitation • OR a combination of symptoms from different body systems 	<ol style="list-style-type: none"> 1. Immediately give epinephrine 2. Call 911 (tell dispatch the person is having anaphylaxis and what time epinephrine was given) 3. Stay with the student and <ol style="list-style-type: none"> a. Lay them flat on their back with legs raised b. If vomiting or having trouble breathing, let them sit up or lay them on their side c. Give a second dose of epinephrine if symptoms get worse, continue, or do not get better in 5 minutes d. Notify emergency contacts 4. Give other medicine if prescribed. Do not use another medicine in place of epinephrine. <ol style="list-style-type: none"> a. Antihistamine b. Inhaler (bronchodilator) if wheezing

WHAT TO LOOK FOR	WHAT TO DO
<p style="text-align: center;">ANY OF THE FOLLOWING MILD SYMPTOMS:</p> <ul style="list-style-type: none"> • Itchy or runny nose, sneezing • Itchy mouth • A few hives, mild itch • Mild nausea or stomach discomfort <p>For MILD SYMPTOMS from MORE THAN ONE different body system, GIVE EPINEPHRINE</p>	<ol style="list-style-type: none"> 1. Stay with the student and <ol style="list-style-type: none"> a. Watch them closely for changes b. Give antihistamine (if prescribed) c. Notify emergency contact

MEDICATION TYPE	MEDICATION NAME	DOSAGE	ROUTE	SELF-CARRY/ADMINISTER
Epinephrine				<input type="checkbox"/> YES <input type="checkbox"/> NO (epinephrine only)
Antihistamine				N/A
Other (bronchodilator, etc)				<input type="checkbox"/> YES <input type="checkbox"/> NO (inhaler only)

Physician Signature _____	Physician Printed Name _____	Date _____
<p>AUTHORIZATION: Parent/legal guardian authorizes Keller ISD staff to administer treatment and medications specified according to the instructions above, gives permission to Keller ISD staff to contact the Physician for additional information, if needed, and acknowledges they must provide ordered medications to the school.</p>		
Parent/Legal Guardian Signature _____	Parent/Legal Guardian Name _____	Date _____

CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

FFAF(R1)

Appendix F: Individual Healthcare Plan (IHP) Sample

**Keller Independent School District
Health Services
Anaphylaxis Individual Healthcare Plan
Page 1**

Student's name:	Student's DOB:	ID#:
Date IHP created:	Grade/Campus:	

Additional diagnosis:
Health history:

Nursing Assessment:

Baseline Vitals	Temp:	Heart rate:	Resp. rate:	BP:
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Neurological:	
G/I:	
Respiratory:	
G/U:	
Cardiac:	
Mobility:	
Nutrition:	
Skin:	
Other (describe):	

CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR ANAPHYLAXIS

FFAF(R1)

**Keller Independent School District
 Health Services
 Anaphylaxis Individual Healthcare Plan
 Page 2**

Nursing diagnosis:

	Potential for ineffective breathing pattern r/o inflammation of airway/bronchospasm.
	Knowledge deficit regarding early symptoms and treatment of anaphylactic reactions.

Nursing goals:

	Anaphylaxis symptoms will be recognized and treated promptly
	Student will demonstrate knowledge of early anaphylaxis symptoms and importance of prompt treatment.
	Student will demonstrate knowledge of effective means of avoiding allergen and appropriate steps to take in the event of suspected exposure.

Nursing interventions:

	Develop EAP/IHP in cooperation with student, parent, physician, and school personnel. Distribute EAP to appropriate school personnel.
	Establish emergency procedures in EAP and communicate plan to appropriate campus staff.
	Post food allergy aware signs on student classroom door and at campus entrance, as appropriate.
	Train staff how to recognize anaphylaxis and follow emergency EAP, including the use of an epinephrine auto-injector.
	Provide necessary health education for student to appropriately participate in self-care as appropriate for student's developmental and cognitive abilities.

Expected outcomes:

	Student will participate in care planning, as appropriate.
	Student will avoid allergen.
	Student will communicate known exposure immediately.

**CARE OF STUDENTS WITH FOOD ALLERGIES AT RISK FOR
ANAPHYLAXIS**

FFAF(R1)

**Keller Independent School District
Health Services
Anaphylaxis Individual Healthcare Plan
Page 3**

Comments/progress towards goals:

Reassessment time interval:

IHP developed by:

IHP reviewed date: