

Allergy Packet

New forms must be completed annually.

Please Note

- Your qualified healthcare provider must complete and sign the Illinois Food Allergy Emergency Action Plan. A new plan is to be submitted annually before the first day of school.
- A medication request form must be completed by your qualified healthcare provider for any rescue or daily medications to be given during the school day.
 - If your child is going to self-carry, or self-carry and self-administer their emergency epinephrine, a parent **and qualified healthcare provider** must authorize the self-carry portion, or self-carry and self-administration portions, on the medication request form.
- The parent questionnaire will provide our health office personnel with additional information for 504 plans and staff training.
- If your child will be participating in the school lunch program, a Meal Request Form must be completed annually.

Dear Parent/Guardian:

Evanston/Skokie School District 65 addresses the needs of students with chronic medical conditions who attend its schools. Your student has been identified as a child with a life threatening allergy attending a school within School District 65 and your child's health needs are important to us. Managing life threatening allergies in the school setting requires parents and health office staff to work closely together. District 65 health office personnel will assist in ensuring that staff working with your student have the training and information they need to keep them safe throughout the school day.

The goal of District 65 is to provide a safe environment for all children, including those with life-threatening allergies. Although the risk to students with these allergies in the schools can be greatly reduced, it cannot be completely eliminated. Information for how schools will minimize any risk of allergic reaction is contained in this communication and District 65's Allergy Procedures.

The district plan of support addresses the identification of individual needs, staff awareness, necessary curricular and procedural modifications, and emergency plans. Protecting students with life-threatening allergies is the shared responsibility of families, schools, and the community. If your child has a life-threatening allergy, please notify your health clerk and/or school nurse who can assist you with the necessary documents needed for school. Information and recommended actions for responding to emergency events, including the use of emergency medication, should be provided to your health office personnel on an annual basis and when anything has changed regarding your child's medical needs. An Illinois Food Allergy Emergency Action Plan must be submitted annually prior to the first day of school.

This packet includes an Illinois Food Allergy Emergency Action Plan, an allergy history questionnaire, and a medication request form.

Please feel free to contact us with questions or concerns.

Jeanne McCullough, MSN, RN, PEL-CSN
Director of Health Services
Evanston/Skokie School District 65

Illinois Food Allergy Emergency Action Plan (REQUIRED)

An Illinois Food Allergy Emergency Action Plan is required before the first day of school and must be renewed annually. This plan must be completed by your student's qualifying health care provider, and contains medical orders, in the event that your child experiences an allergic event while at school. In order for your child to self-carry or self-carry and self-administer their emergency medication, a qualifying health care provider and parent must authorize this on the care plan and [Medication Authorization Form](#). If self-carrying of emergency medication is not authorized, all medications must be kept in the health office.

[Illinois Food Allergy Emergency Action Plan ENG](#)

[Illinois Food Allergy Emergency Action Plan SPA](#)

Parent Allergy Questionnaire (REQUIRED)

Parent Allergy Questionnaires must be updated annually and with any changes to your student's medical needs.

[Life Threatening Allergy Parent Questionnaire ENG](#)

[Life Threatening Allergy Parent Questionnaire SPA](#)

Medication Request Form (REQUIRED)

Medication authorization by a qualifying health care provider must be received annually. A student may possess an epinephrine auto injector for immediate use at the student's discretion. In order for your child to self-carry, or self-carry and self-administer, their emergency medication, a qualifying health care provider and parent must complete the [Medication Authorization Form](#) and the student must have a current Allergy Emergency Action Plan on file for the current school year. Parent/Guardian and healthcare provider must sign the portion authorizing the student to self-carry, or self-carry and self-administer, an Epinephrine Auto Injector. If self-carrying of emergency medication is not authorized, all medications must be kept in the health office.

The School District shall incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-carry and self-administration of medication.

[Medication Authorization Form](#)

[Student Medication Information](#)

Medical Authority Modified Meal Request Form

Modified Meal Request forms are required at registration and must be renewed annually. Parents/guardians of any student with food allergies must provide the school health office with documentation of these allergies. Parents/guardians must let health office personnel know if their child will be participating in the school breakfast and/or lunch program or providing food from home. The Coordinator of Nutrition Services will review the form and reach out to the parent/guardian to discuss menu options that will meet your child's needs.

If the student WILL participate in school breakfast and/or lunch, a Medical Authority Modified Meal Request Form is required. This form should be filled out by the student's qualified health care provider and returned to the Nutrition Services office (nutritionservices@district65.net).

Upon receipt of this completed form, the Nutrition Services Coordinator will reach out to the parent/caregiver to discuss details and begin planning a Safe Meal menu. When the menu is completed, it will be shared with the parent/guardian. The parent/guardian should reply in writing that they agree with the proposed menu plan. Once agreed, any special products will be ordered and a start date for the meals will be communicated. Meals for the student should be provided from home until the official start date.

Safe Meals are provided for students with medically authorized dietary needs. Vegetarian options are available daily. At this time, we do not provide non-health related substitutions, such as for religious or personal preferences.

Ingredient labels are available upon request. Please note that manufacturers are not required to state when products are processed in a facility that also handles other food items, such as nuts, soy, dairy, etc.

If the student no longer wishes to participate in school meals, the parent should notify the Nutrition Services office.

[Medical Authority Modified Meal Request Form ENG](#)

[Medical Authority Modified Meal Request Form SPA](#)

Release of HealthCare Information

The Authorization To Release / Exchange Confidential Information form allows a parent/guardian to give authorization to a school designee access to their child's health records and allows for healthcare providers to share health information if requested by the designee.

[Release of Information \(ROI\)](#)