



East Islip School District  
**East Islip Middle School and East Islip High School**

**STUDENTS WITH FOOD ALLERGIES**

**Parent Responsibilities**

When a food-allergic/anaphylactic child has been identified by his parents and physician, parents:

1. inform the school nurse of the child's allergies and condition and provide written medical documentation and update regularly.
2. provide the school nurse with medical instructions from the child's physician.
3. provide the school nurse with epi-pens (or epi-pen jrs. if less than 60 pounds) and other medication, if appropriate, as prescribed by the family physician.
4. be encouraged to provide the child with a medical information bracelet or necklace to be worn at school that lists allergies.
5. must participate in the development of a Health Plan.
6. provide safe foods for lunches, and snacks, either kept in the classroom or brought in from home, for their child, as specified in their Health Plan. Parents must also make the determination as to the safety of a cafeteria school lunch for their food-allergic child.
7. are encouraged to assist at classroom parties.
8. are encouraged to assist at field trips and attend if possible.
9. remind their allergic child to recognize first symptoms, and to communicate these to staff.
10. teach their allergic child not to share snacks, lunches, drinks, and utensils.
11. consent to share photographs and medical information with necessary employees.
12. maintain up-to-date emergency contacts and phone numbers.
13. update medical information annually.
14. inform their child that he/she will be required to sit at the designated nut-free table in the school cafeteria.
15. provide medical documentation stating their child no longer has a medical need to sit at an allergy-free table.
16. stay in contact with classroom teacher and school nurse to help provide a safer classroom.

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I have read and understand the **Parent Responsibilities** which is part of the district's **Food Allergy policy**.

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_  
(please print)

Parent's Name: \_\_\_\_\_  
(please print)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return to the school nurse immediately.*