



School District of Altoona

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Food Allergy Management Plan

Please complete this form for your child's anaphylactic food allergy so staff can plan effectively for your child's care while at school.

Student: _____ Grade: _____ School Year: _____

If your child's anaphylactic food allergy is resolved and is no longer a medical concern, check on the line below, sign, and return this form.

_____ **My child's anaphylactic food allergy reaction is resolved.**

Parent Signature: _____ **Date:** _____

Food Allergies: Check all that apply. Name the specific food causing the reaction.

Tree Nuts Specifically: _____
Peanuts
Fish Specifically: _____
Fruit Specifically: _____
Dairy Products Specifically: _____
Other Specifically: _____

My child has the reaction when he/she:

- Eats a food or another food containing the food allergen.
- Touches a surface contaminated with oils from the food allergen.
- Breathes odors from the food allergen while the food is being cooked or processed.

Symptoms of child's food allergy reaction/intolerance include:

- Nausea and vomiting
- Cramping, diarrhea, and abdominal pain
- Facial swelling, itching, welts or hives
- Swelling of the lips, nose, tongue or throat
- Respiratory changes, difficulty breathing, wheezing, or continuous coughing
- Inability to speak or swallow
- Flushed face
- Drooling
- Complaints that the throat feels tight, scratching, or different in some way.
- Other-describe: _____

Onset of Symptoms after ingestion:

Immediately Within 15 Minutes Within One Hour Up to Two hours

Anaphylactic Food Allergy Action Plan

Follow these steps if my child has a reaction at school. Check all boxes that apply to your child's care.

1. If my child has been exposed to the food allergen at school, staff will:
 - a. **Give the epinephrine auto-injector to my child—CHECK one option**
 - Immediately after being exposed
 - When Symptoms Appear
 - My child carries their own epinephrine auto-injector and self-administers epinephrine auto-injector according to the allergy action plan.
2. **Staff will call 911 WHEN the EPI-PEN is given. EMT's will take your child to the nearest local hospital emergency room for more care.**
3. I will bring a safe snack box for my child to use as a substitute for birthday treats. YES NO
 - a. **Elementary ONLY**
4. I will pack my child's meals and snacks for school. YES NO
5. Lunchroom Procedures:
 - My child can eat at any table in the lunchroom with their class. My child is able to self-monitor the area for safety and make a choice of where to sit to prevent an exposure.
 - My child needs to be assigned a seat at an allergy safe table in the cafeteria. I understand that
 - The table surface will be disinfected before my child eats and after they are done with QUAT disinfectant solution to remove residual oils.
 - Other students will be allowed to sit with my child to eat IF the identified food allergen is not in their lunch for that day. Assigned staff will visually monitor students selected for safety.

Memo of Understanding

1. It is the mutual responsibility of the parent and teacher to review party or field trip menus.
2. It is the mutual understanding that no hidden food products, ingredients or hidden product labels are used in the district hot lunch program. Food servers are taught hot to prevent cross contamination during food preparation and when serving food in the lunch line.
3. It is the responsibility of the parent to review the hot lunch menu with their child.
4. It is understood that students are not allowed to share snacks or eating utensils in class.
5. It is understood that teachers will not give your child a food without your approval at school
6. It is understood that the parent will complete and sign this form annually.
7. It is understood that the parent will provide the emergency medications needed at school and sign the Parent/Physician Medication Consent Form.
8. It is the responsibility of the parent to notify the district nurse of changes in health plans.
9. The School District of Altoona does not serve products with peanuts or tree nuts; that may contain peanuts or tree nuts; or are labeled as being manufactured in a facility that processes peanuts or tree nuts. However, companies are NOT required to list that a product is processed in a facility that processes peanuts or tree nuts if the product is on a dedicated line. The School District of Altoona Nutrition Department cannot guarantee that products served in the meal program are not processed in a facility that processes peanut or other nut products.

PARENT PERMISSION

I verify that the above information is correct. I give the district nurse permission to instruct staff on how and when to give the Epi-pen to my child. I understand that staff will call 911 after they give the Epi-Pen. I give my permission to share this information with staff on a need to know basis.

The information is valid for ONE school year. Annual parent signature is required.

Parent/Guardian Signature: _____ Date: _____

*Physician Signature: _____ Date: _____

***required for each school year-parent responsible to obtain signature.**