

The Food Allergy Packet: A Guide for Parents



Williamson County Schools
Health Services Department

1320 West Main Street Suite 202
Franklin, Tennessee 37064-3700
Phone (615) 472-4000
Fax (615) 472-4190
Website: <http://www.wcs.edu>



Dear Parent/Guardian,

We take allergies very seriously and want to do our best to prevent allergic reactions and to be prepared should there be an allergy emergency. To optimize care for your child, we would appreciate the prompt submission of the following:

- **TN DOE Allergy and Anaphylaxis Emergency Plan** completed and signed by you and your child's physician. This form is important to the care of your child as it provides guidance in the event that your child experiences an allergic reaction while at school.
- Two (2) **Epinephrine auto-injectors** (such as EpiPen, Avi Q, or other epinephrine-injection device) with the pharmacy label containing the student's name on it. Please ensure these auto-injectors will not expire until the end of the current school year.
- Additional medications listed on your child's physician-signed **Allergy and Anaphylaxis Emergency Plan**. This may include a respiratory inhaler and/or antihistamine. All medications that your physician recommends must be specified on the **Allergy and Anaphylaxis Plan**
- **Student Food Allergy History Form** completed and returned to your school nurse. This form informs us of the preference for your child's seating during lunch and important information for us to better care for your student in the school setting.

We welcome the opportunity to meet with you in person to discuss your child's allergies and how we can optimize your child's personalized health management plan at school.

Sincerely,

School Nurse

After-Hours Medication Planning

Attention Parent/Guardian:

If your child participates in afterschool activities, be aware that the emergency medicines (EpiPens, inhalers, etc.) that are stored at school may not be easily accessible at all hours of these programs. We encourage you to talk with the administrators of the program in which your child is participating so that a plan may be established should your child need his/her emergency medication in the after-school situation.

Emergency medication should be accessible during all activities in which your child participates. This may mean providing the program with a second set of emergency medication.

If you have any questions or would like to talk more about this or other at-school medical issues, please don't hesitate to reach out to me.

Thank you,

School Nurse

Williamson County Schools

Student Food Allergy History

Student Name: _____ DOB: _____ Grade/Teacher: _____

Allergy to: _____

Allergy is by: Contact (Touch) Ingestion Inhalation (medical documentation required)

Describe the allergy in more detail (to peanuts, by-products, oils, etc.) _____

History of anaphylactic reaction: Yes No If yes, med(s) given: _____

Dates, symptoms, treatment of past reactions: _____

We will be providing the school nurse with: Epinephrine auto-injector* Antihistamine Inhaler
 Nebulizer medication Other: _____

*Parents must provide at least one (preferably two), unexpired epinephrine auto-injector to be available at school and on field trips. Please provide auto-injectors that will not expire during the school year.

Yes	No/NA	School Safety Plan
		I request my student to sit at the Allergy Alert table/area in the cafeteria. Students may not travel back and forth between the Allergy Alert table/area and regular table. (Elementary)
		Student should only eat lunch/snacks provided by parent/guardian. (Elementary)
		I request that a food allergy awareness letter be sent to classroom parents. (Elementary)
		Student is authorized by physician as competent to carry and self-administer epinephrine at school and on the bus. <u>Must</u> be authorized by physician on Emergency Care Plan.

Parent/Guardian Permission:

I agree at any time during the school year if my child's allergy, health care plan/medications change or I have additional concerns, I will notify and meet with the school nurse immediately.

I give permission for my child to self-administer this medication with the supervision of a designated school employee or to receive this medication from trained school personnel. I grant the school nurse permission, as necessary, to discuss the prescribed medication on the Food Allergy and Anaphylaxis Emergency Care Plan with the named physician. I agree that the Williamson County Board of Education shall incur no liability and be held harmless against any claims of injury related to the administration of such medication. I give permission for my health care provider and Williamson County Schools to send or receive a fax of this medical record.

Signature of Parent/Guardian: _____ Date: _____

This form should be submitted annually with the Emergency Care Plan signed by parent/physician, emergency medications, emergency contact numbers, and current student photo.








Allergy and Anaphylaxis Emergency Plan

Date of Plan: _____

Student's Name: _____ Date of Birth: _____ Age: _____ Weight: _____ pounds (_____ kg)
 Student's School System: _____ Student's School: _____
 Student has allergy to _____
 Student has asthma Yes (If yes, higher risk for severe reaction) No
 Student has had anaphylaxis Yes No
 Student has received instruction and has permission to self-carry epinephrine and use independently Yes No

IMPORTANT REMINDER: Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, use epinephrine.

For **ANY** of the following **SEVERE SYMPTOMS OR A COMBINATION** of symptoms from different body areas





			
Shortness of breath, wheezing, or coughing	Pale or bluish skin, weak pulse, fainting or dizziness	Tight or hoarse throat, trouble breathing or swallowing	Swelling of lips or tongue that bothers breathing
			
Many hives or redness over body	Feeling of "doom," confusion, altered consciousness or agitation	Repetitive vomiting or severe diarrhea	

SPECIAL SITUATION: If this box is checked, student has an extremely severe allergy to an insect sting or the following food(s): _____ . Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine.**

↓

- 1. Inject epinephrine right away!**
Note time when epinephrine was given.
- 2. Call 911.**
 - Ask for ambulance with epinephrine.
 - Tell rescue squad when epinephrine was given.
- 3. Stay with Student and:**
 - Call parents and student's healthcare provider.
 - If symptoms get worse or continue after 5 minutes, give a second dose of epinephrine.
 - Keep student lying on back. If the student vomits or has trouble breathing, keep child lying on his or her side.
- 4. Give other medicine (if applicable) following epinephrine**
 - Antihistamine
 - Inhaler/bronchodilator if wheezing

MILD SYMPTOMS

			
Itchy or runny nose, sneezing	Itchy mouth	Mild nausea or discomfort	A few hives, mild itchy skin

MONITOR STUDENT

- Stay with student and watch him or her closely.
- Give antihistamine (if listed below).
- Call parents.

If more than 1 symptom or severe allergy anaphylaxis symptoms develop, use epinephrine.

MEDICATION/DOSES

Epinephrine, intramuscular (list type): _____

Epinephrine Dose: 0.1 mg
 0.15 mg
 0.3 mg

Antihistamine, by mouth (list type): _____

Antihistamine Dose: _____

Other (e.g., inhaler/bronchodilator if child has asthma): _____

EMERGENCY CONTACTS

Healthcare Provider: _____

Phone: _____

Parent/Guardian: _____

Phone: _____

Other Emergency Contact Name/Relationship: _____

Phone: _____