



## HEALTH CARE ACCOMMODATIONS PLAN

### LIFE THREATENING FOOD ALLERGY

STUDENT:	SCHOOL:	GRADE:
ADDRESS:	CITY:	DOB:
PARENT/GUARDIAN:	PHONE:	

#### I. MEDICAL CONDITION

Student has a life threatening food allergy and is subject to possible severe allergic reactions including anaphylaxis.

#### II. CLASSROOM/SCHOOL ACCOMMODATIONS

School does not guarantee elimination of any and all food products that may cause the student to have an allergic reaction. The school will hold in the best interest of the child and make any reasonable accommodations to assist with the allergies. The school will in good faith follow the accommodations listed as follows:

##### **School:**

- Parents will provide EpiPen for the classroom/ office/cafeteria.
- Food Allergy Action Plan will be posted in agreed upon locations.
- Student must be accompanied to health room/office if suspected of having an allergic reaction.

##### **Classroom:**

- The student is allowed to eat only those foods approved and/or provided by the parent.
- Parent should be advised of any planned parties and/or projects involving food as early as possible.
- An informational sheet/packet will be prepared for substitute teacher.

##### **Cafeteria:**

- The student will be allowed, as a request by his parents, to sit at any cafeteria table. This table will receive an extra cleaning daily to prevent cross allergen contamination.
- The student will sit at a designated allergen-aware lunchroom table.
- The lunchroom/playground supervisors should be alerted to the student's allergy.
- Parents will be given a lunchroom menu monthly for their review of food items being served.

##### **Field Trips:**

- Parent will be advised of any planned field trips and allowed to accompany if possible.
- Trained staff person will review health care plan and use of emergency medication prior to trip.
- EpiPen must accompany student during any school related off campus activities.

##### **Bus:**

- The student requires preferential seating on the bus.
- Driver has been alerted to student's allergy.

**Student Considerations:**

- Student is able to recognize signs and symptoms of exposure to allergen. Yes  No
- Student knows how to access emergency help in the school setting. Yes  No
- This student is authorized to self-carry/self-administer an EpiPen. Yes  No
- This student needs assistance in administering an EpiPen by trained personnel. Yes  No

**Parent Authorization:**

- I give the health care provider permission to release pertinent medical information to the school regarding the administration of medication to my child.
- I assume responsibility for supplying medication to the school that will not expire during the course of its intended use.
- I agree to supply an Allergy Action Plan to the school for my child.
- In the event of an emergency, I give my permission for transport and treatment at the nearest medical facility.
- I agree to hold the school and its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of emergency medication at school.

PARENT SIGNATURE:	DATE:
PRINCIPAL SIGNATURE:	DATE:
TAC TEACHER SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.