

Known Food Allergies

The School seeks to provide a safe environment for all its students. The School understands that peanut and other food allergies present serious dangers to students and have become increasingly common. This policy seeks to reduce the likelihood of accidental exposure allergic reactions and to create a clear action plan should an allergic reaction occur.

Emergency Food Allergy Plan

An Emergency Food Allergy Plan (EFAP) shall be created for each student identified with any peanut or other food allergy. The EFAP shall be developed by the student's parents, the student's physician/allergist, and the School nurse (or other appropriate designee of the School). A separate EFAP shall be completed for each known peanut or other food allergy, and shall be completed prior to entry into the School or immediately after the diagnosis. Each EFAP must be reviewed on a yearly basis.

Each EFAP shall contain detailed information about preventative measure to avoid accidental exposure and emergency measures in case the student is exposed to the allergen.

The School shall share the student's EFAP with Staff members as appropriate.

With the consent of the student's parents (or with the consent of the student, if the student is over eighteen (18) years of age), the School may utilize the EFAP or the information contained therein in its efforts to educate and/or notify classmates and/or classmates parents of the student's peanut or other food allergy.

School Responsibilities

The School shall

- review and maintain all health records and EFAPs submitted by parents and doctors;
- review this policy and prevention plans with core staff members; and
- follow all state/federal laws regarding sharing medical information.

Student's Responsibilities

Students with known peanut or other food allergies should take several steps to prevent allergic reactions. Students:

- should not trade food with others;
- should not eat anything with unknown ingredients; and
- identify an adult immediately if they eat something that may contain peanuts or other foods to which they are allergic

Parental Responsibilities

The parents of each student with a known peanut or other food allergy shall do each of the following:

- notify the Head Administrator of the known peanut or other food allergy in writing at the beginning of each school year (a sample notification form is included as Form **2250.1**);
- execute an Emergency Medical Authorization Form (included as Form **2410.1** for the student, listing all known peanut or other food allergies in the appropriate section;

- develop an Emergency Food Action Plan;
- provide the School with all medication(s) to be used in the case of an allergic reaction, along with the completed copy of Form **2230.1**, Medication Request Form, or, if the student will carry and self-administer an EpiPen, shall submit a completed copy of Form **2240.2**, Permission to Carry and Self-Administer Epinephrine Autoinjector; and
- work with the student in managing the students food allergy including reviewing the student's responsibilities listed in this policy, reviewing the weekly lunch menu to identify appropriate foods, establishing a list of "safe foods" which do not contain the known allergen, and discussing the self-discipline that is required at School functions and other activities where food is being offered.

Ohio: R.C. 3313.719.

Cross-Reference: Form 2230.1, Medication Requests Form; Form 2240.2, Permission to Carry and Self-Administer Epinephrine Autoinjector; Form 2250.1, Notification of Known Food Allergy; Policy 2230, Medication Administration; Policy 2240, Student Use of Inhalers and Epinephrine Autoinjectors.

This form must be fully completed and turned in to the Head Administrator and the School Nurse, if one exists.

Notification of Known Food Allergy

Student Food Allergy Information

Student Name: _____ Grade: _____
Food Allergy: _____
Recommended Actions and/or Medications: _____ _____
This food allergy is potentially life-threatening: <input type="checkbox"/> Yes <input type="checkbox"/> No

Parental Certification

<p>I, _____, the legal parent or guardian of the above-named student, hereby certify the following:</p> <ul style="list-style-type: none"> • I have completed and submitted to the School an Emergency Medical Authorization Form; • I have cooperated with the appropriate School officials in creating or updating a Food Action Allergy Plan; • I have educated by child regarding effective management of this food allergy. We have identified a list of "safe foods," will review the weekly lunch menu together, and have discussed the self-discipline that will be necessary at any School event or activity where food is being offered. <p>Please Check: <input type="checkbox"/> Yes <input type="checkbox"/> No I give my permission for the School to notify _____ classmates and classmates parents about my child's food allergy.</p> <p>Parent Signature: _____ Date: _____</p>
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