Nurse Checklist for Students with Life-Threatening Food Allergies

Student: ___________________________ Allergen: _______________ School: __________________
Birthdate: __________________________ Grade/Teacher: ________________________________

**Purpose:** To provide a safe environment, promote student food allergy self-management, recognize signs of anaphylaxis, and provide appropriate assistance and emergency care.

**Activities to be reviewed:**

**Field trips** – All treatment supplies are taken and care is provided:

- ___ By accompanying parent or designee.
- ___ By school staff trained in student’s emergency care plan (ECP).

**In the event of classroom/school parties, food treats will be handled as follows:**

- ___ Student will eat treat if ingredients listed are approved by parent.
- ___ Parent supplies all snacks and treats for student.

**After-school activities:**

**Special eating arrangements:**

**Activities student can self-manage:**

**Student responsibility:**

- ___ Will not trade food with others.
- ___ Will not eat anything with unknown ingredients or known allergen.
- ___ Will notify an adult immediately if eats something they believe may contain food allergen.
- ___ Will wear a medic alert bracelet or dog tag necklace.

**Epinephrine injections:**

- ___ Yes ___ No: Will self-carry EpiPen with medical authorization form. Location: __________________

**Parent Responsibilities:**

- ___ Provide EpiPen and/or other prescribed medications with the FAAP/ECP.
- ___ Parent declines bringing EpiPen
- ___ Inform nurse of any changes or allergic/anaphylactic episodes.
- ___ Obtain a medic alert bracelet or dog tag style necklace for the student.
- ___ Provide lunch from home (safest option).
- ___ Complete physicians diet modification form for school prepared meals. ___ yes ___ no

**Teacher Responsibilities:**

- ___ Know the FAAP/ECP and classroom accommodations.
- ___ Know the location of all emergency information and medications.
- ___ Be trained to administer EpiPen.
- ___ Inform substitutes of FAAP/ ECP.
- ___ Set up a plan for student to inform you if they are having a reaction.

I have read the items on the checklist and agree to implementation of by my child’s school.

__________________________________________________________________________
Parent/Guardian ____________________________________________________________________ Nurse

**WAIVER:** Should I choose to NOT follow any or all of the guidelines listed, I release CCISD of liability should any harm come to my child as a result. ____________________________________________________________________________

__________________________________________________________________________
Parent/Guardian ____________________________________________________________________ Date ___________________________________________________________________

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