

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.
- ____ Yes ____ No: Will self-carry EpiPen with medical authorization form. Location: _____

Epinephrine injections:

- ____ Yes ____ No: Administers independently (trained/authorized by LHCP and reviewed by school nurse), if able to do so. Trained school staff should be available to supervise and observe.
- ____ Yes ____ No: Administration by nurse or trained staff.
- Location of medication: Clinic

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.

- ____ Help educate classroom about allergies.
- ____ Send home to all parents Food Allergy Notification letter.
- ____ Be prepared for special events, parties, field trips (contact parent prior to events).
- ____ Instruct students not to share food and eating utensils.
- ____ Ensure students maintain good hand washing techniques.
- ____ Read contents of teaching materials such as science kits to identify potential allergens.

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
- ____ School menus will be previewed by parent and student to self select foods from school menu (be aware menu items change).

Nurse/School Responsibilities:

- ____ Complete FAAP/ ECP and attach to IHP.
- ____ Physician Diet Modification form initiated and forwarded to Child Nutrition. ____yes ____no
- ____ Review eating arrangements if needed, e.g., nut free area. ____yes ____no My child will eat in a nut free area.
- ____ Verify school bus driver received FAAP/ ECP and training if applicable. Bus number _____
- ____ Train school staff (awareness of allergens, allergic symptoms and FAAP/ ECP). C.A.R.E. power point viewed by all school staff.
- ____ Train school staff in location and administration of emergency medications/EpiPen.

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 _____