

FREDERICK COUNTY PUBLIC SCHOOLS	Reg. No. 400-6
Subject: HEALTH: FOOD ALLERGIES/FOOD MODIFICATIONS	Date of Issue: 10/1/08
Preparing Office: Office of the Superintendent	Amended:

I. Policy 409

II. Procedures

Frederick County Public Schools and the Frederick County Health Department recognize that it is not possible to totally eliminate the risk of exposure to foods that trigger allergic reactions; however, the school system is very serious about its responsibility to insure that reasonable steps are taken to protect the safety of all students. Therefore, in an effort to initiate certain safety precautions to avoid allergic reactions and to prepare our staff on how to handle allergic reactions, the school system adopts the following guidelines:

A. **Food Allergies/Disability -Parent/Guardian Responsibilities**

1. If a student has a food allergy or a disability that requires restrictions, food substitutions or meal modifications, the parent/guardian must provide documentation from a health care provider to the student's school and to food service personnel as specified in the Food Service Responsibilities (as specified in section B of this document). That documentation must clearly and specifically state the nature of the student's food allergy or disability and how this restricts the student's diet or exposure to allergens. The *Special Dietary Request* form (Attachment 1) should be used for this purpose. It is not necessary to renew this form each year.
2. If the student's food allergy is severe enough to be potentially life-threatening and requires administration of an antihistamine, e.g., Benadryl, and/or an EPIPEN, the parent/guardian must also submit a completed *Authorization for Management of an Allergic Reaction* form signed by a licensed health care provider as referenced in Attachment 1 of FCPS Regulation 200-39. This form must be renewed at the beginning of each school year and kept up to date. A copy of the *Authorization for Management of an Allergic Reaction* form is also included with this regulation.
3. If the student requires an antihistamine and/or an EPIPEN, the parent/guardian must provide these medications in a properly labeled container and in the correct doses. The antihistamine must be in an unopened package.
4. The parent/guardian will work with the school nurse to develop individualized health care and/or emergency care plans to minimize the risk of exposure and provide detailed procedures to follow in the event of an allergic reaction.

B. Food Allergies/Disability – Food Services Responsibilities

1. The Food Services Department will make available the *Special Dietary Request* form to parents/guardians of students with food allergies/disabilities, upon request.
2. Following receipt of the completed *Special Dietary Request form*, the Food Service complex manager will develop a list of students with food allergies or who require meal modifications. This information will be distributed to:
 - The school health staff in the building
 - The food services assistant manager/site assistant
 - Food services central office
 - Principal or designee
3. Copies of these forms will be kept in the school's Food Service office, the complex manager's office, and the Food Service office.
4. The Food Services staff will be responsible for ensuring that the required meal accommodations are provided to the student who has a completed form on file.
5. Information about the food allergy/food modification will be placed in the Food Services Department accountability system so that cafeteria staff will be alerted to potential problem foods and required accommodations.

C. Food Allergies/Disability – School health responsibilities

1. If a student has a potentially life-threatening food allergy, the parent must provide the school health staff with documentation from a licensed health care provider describing the specific allergy. The *Authorization for Management of an Allergic Reaction* form is required for this purpose. This form must be renewed each year. To assist parents/guardians with the renewal process, the school health staff will send a new form home at the end of the school year.
 - Information regarding the life-threatening food allergy will be entered in the computerized student information database under medical alerts so it can be accessed by school administrators or others who have a legitimate need to know.
2. Upon receipt of required documentation, the school nurse will work with the parent/guardian and other appropriate school staff to develop individualized health care and/or emergency care plans to minimize the risk of exposure and provide detailed procedures to follow in the event of an allergic reaction.
3. The school nurse will share information from the health and emergency care plans with the principal, the child's teacher, the cafeteria assistant manager/site assistant and other school staff as appropriate.

4. If a student is suspected of or found to have an allergic reaction, staff who have been designated and specially trained will follow the emergency care plan to provide treatment. The parent will be contacted and 911 will be called.

D. **Food Allergies/Disability – School Responsibilities**

The principal/designee:

1. The principal/designee will collaborate with parents/guardians, staff and school health services to ensure that reasonable steps are taken to protect the safety of all students with food allergies/disabilities that have been identified.
2. After receipt of the food allergy list from the Food Services Department, the principal/designee will disseminate this information to appropriate school staff.
3. The principal/designee will access the medical alert list from the computerized student information database and will disseminate this information to appropriate school staff.

Approved:

Original signed by

Linda D. Burgee
Superintendent

FREDERICK COUNTY PUBLIC SCHOOLS / FOOD SERVICE DEPARTMENT
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<i>SPECIAL DIETARY REQUEST</i> <i>Management of Food Allergies/Food Modification</i> HEALTH CARE PROVIDER'S STATEMENT
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Name of School:	
Name of Student:	Date of Birth:
Student disability or food allergy:	
Why disability or allergy restricts the diet?	
Food(s) to be omitted from diet/modification required:	
Food that may be substituted (Please Be Specific)	
<input type="checkbox"/> all other foods <input type="checkbox"/> other _____	
Health Care Provider's Name/Title: (Type or Print)	
Telephone:	Fax:
Address:	
Health Care Provider's Signature:	Date:
PARENT/GUARDIAN SIGNATURE	
Parent/Guardian Signature:	Date:
Printed Name:	Phone:
USDA Regulation:	
<p>If your child has a food allergy, you must provide the school food service personnel with a health care provider's signed statement that must include:</p> <ul style="list-style-type: none"> • An identification of the medical or other special dietary condition which restricts the child's diet; • The food or foods to be omitted from the child's diet; AND • The food or choice of foods to be substituted 	
If you have any questions contact JoAnn Morris, Food Service Specialist at 301-644-5064	
NOTE:	
This diet order does not need to be renewed on a yearly basis, unless there is a change. Diet orders must reflect the current dietary needs of this child.	
The completed form is to be given to the School Food Service Personnel. The food allergy will be recorded on the student's account on the date the completed form is received by the School Food Service Personnel.	

FREDERICK COUNTY PUBLIC SCHOOLS/FREDERICK COUNTY HEALTH DEPARTMENT

AUTHORIZATION FOR MANAGEMENT OF AN ALLERGIC REACTION**This order is valid only for the current school year _____ (Including Summer Session)**

Emergency injections are usually administered by non-health professionals such as, an FCPS employee or an FCHD health room technician. These persons are trained by a school- registered nurse to give the injection. 911 will be called while the student, health services staff or school staff administers the EPIPEN.

- Prescription medication must be in a container labeled by the pharmacist or health care provider.
- Over-the-counter medication must be in the **original unopened container** with the label intact.
- The provider will be called if a question arises about the student and their medication.
- Thoroughly review reverse side of form before completion.

HEALTH CARE PROVIDER AUTHORIZATION

Name of Student: _____ Date of Birth: _____

Allergies: _____ Grade: _____

Type of Medication/Dosage/Route of Administration: Check appropriate box (es)

Type of Medication	Dose	Route
Benadryl (Diphenhydramine) 1x Dose	<input type="checkbox"/> 12.5 mg	<input type="checkbox"/> Liquid
	<input type="checkbox"/> 25 mg	<input type="checkbox"/> Tabs
	<input type="checkbox"/> 50 mg	<input type="checkbox"/> Melts (Tabs or Strips)
EpiPen	<input type="checkbox"/> 0.15 mg	<input type="checkbox"/> IM
	<input type="checkbox"/> 0.30 mg	
Other Medication:	<input type="checkbox"/>	<input type="checkbox"/>
Is student competent to self-carry EpiPen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is student competent to self-administer EpiPen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Medication is to be Administered: Check appropriate box (es).

- Immediately after insect sting (bee, wasp, hornet, yellow jacket)
- Immediately after the ingestion of (specify): _____
- Immediately after contact with (specify): _____
- Unknown etiology: _____

If Benadryl and EPIPEN are ordered: Check appropriate box.

- Give Benadryl and EPIPEN at the same time and call 911.
- Give Benadryl then if you see any of these signs/symptoms: difficulty breathing, chest tightness, audible wheezing, tongue swelling, give EPIPEN immediately and call 911.

Repeat EPIPEN dose in 15 minutes if EMS has not arrived** Yes No

****For a repeat dose, parent must provide second EPIPEN for school.****Possible Medication Side Effects:**

EPIPEN: palpitations, rapid heart rate, sweating, nausea and vomiting

Benadryl: drowsiness, sedation, sleepiness, dizziness, restlessness, hypotension, palpitations

Other: _____

Health Care Provider's Name/Title: (Type or Print)

Telephone: _____ Fax: _____

Address: _____

Health Care Provider's Signature: _____ Date: _____

PARENT/GUARDIAN AUTHORIZATION

I request designated personnel to administer the medication as prescribed by the health care provider above. I certify that I have legal authority to consent to the administration of medication at school.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone: _____ Work Phone: _____

REGISTERED NURSE AUTHORIZATIONIs student competent to self-carry EpiPen? Yes No Is student competent to self-administer EpiPen? Yes No

Signature: _____ Date: _____

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS AND PHYSICIANS

1. An acute allergic reaction can be a life-threatening situation. Completion of this form in its entirety is vital so that the EPIPEN can be administered and emergency care implemented.
2. If the student experiences an acute allergic reaction, FCPS personnel will dial 911 while the student/FCHD school health employees/or FCPS staff administers the EPIPEN. Parent/guardian will be notified.
3. An EPIPEN sent to school, must be labeled by a registered pharmacist with the name of the medication, the dose, the name of the health care prescriber, the name of the student, and directions for administration.
4. The parent/guardian should note the expiration date and provide a new EPIPEN prior to expiration.
5. The FCHD school health employees must review and approve these forms in the school prior to administration.
6. The parent/guardian, health care prescriber and school RN must indicate on the reverse side of this form whether the pupil is capable of self-administering the EPIPEN, if needed.