



**Lexington-Fayette County Health Department**

**SCHOOL HEALTH DIVISION**

650 Newtown Pike  
Lexington, Kentucky 40508-1197  
(859) 288-2314  
(859) 288-2313 Fax

**EMERGENCY MEDICAL PLAN ALLERGY AND EPIPEN PARENT PACKET**

Dear Parent/Guardian:

You have informed us that your student has a medical concern. Enclosed are the forms, which need to be completed by both the Parent/Guardian and student's Physician. These forms are necessary in order for the School Nurse or appropriately trained school personnel to perform or administer specific medical treatment or procedures. This information will help us work with your student to minimize unnecessary restrictions, feelings of being treated differently, and possibly absenteeism.

Please send a current picture of your student in order for the student to be easily identified. This information will be distributed to appropriate school personnel on a need-to-know basis and may include bus drivers, substitute teachers, cafeteria staff, and others who work with your student daily.

To help your student, please let us know of any changes in your student's medical condition or emergency daytime phone numbers.

**The following need to be returned to the School Nurse at your student's school:**

- **Emergency Action Plan**
- **Allergy Questionnaire**
- **Physician and Parent Authorization for Epi-Pen Medication Administration**
- **Food Services Modification Form**

We are looking forward to a great year with your student. Please call the Health Department's School Health Services Program at 288-2314 if you have any questions.

# Emergency Medical Plan Allergy and EpiPen Parent Packet

Student's Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School: \_\_\_\_\_

1. Allergies: \_\_\_\_\_

2. Date of student's last allergic episode? \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Never had an allergic episode

What happened? \_\_\_\_\_

3. Diagnosed by skin/blood testing?  Yes  No Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Physicians Name: \_\_\_\_\_

4. Has student ever been hospitalized for an allergic episode? Yes  No  Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. Does your student react when they eat the above allergen?  Yes  No

Type of reaction:  Stomachache  Itching  Hives  Itchy throat  
 Cough/Wheezing  Anxiety/Restlessness  Swollen lips or tongue  
 Other \_\_\_\_\_

6. If this is a food allergy, will you be sending lunch?  Yes  No

7. Does your student react when they are bitten, stung, or touch the above allergen?  Yes  No

Type of reaction:  Rash  Itching  Hives  Itchy throat  Cough/Wheezing  
 Anxiety/Restlessness  Swollen lips or tongue  
 Other \_\_\_\_\_

8. Does your student react when they smell or inhale the above allergen?  Yes  No

Type of reaction:  Stomachache  Itching  Hives  Itchy Throat  
 Cough/Wheezing  Anxiety/Restlessness  Swollen lips or tongue  
 Other \_\_\_\_\_

9. Can your student sit near someone eating the allergen?  Yes  No

10. Does your student know what the allergen looks like and how to avoid it?  Yes  No

11. What do you do at home (accommodations, diet restrictions, substitutions)? \_\_\_\_\_  
\_\_\_\_\_

12. Can your student eat things processed in a facility that also processes the allergen?  Yes  No

13. Can the school send a letter home notifying the classroom about your student's allergy?  Yes  No

14. List the Medication(s) your student takes for allergic reactions (please fill out the attached Medication Authorization Form if needed) \*

Name of Medication:	Dosage:	Time of Day:
_____	_____	_____
_____	_____	_____

Additional comments: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ RN DATE: \_\_\_\_\_

\*Note: If your child requires an EpiPen, then you and your healthcare provider must complete the FCPS Physician and Parent Authorization for EpiPen Medication Administration form.

\*If your student requires the cafeteria food to be modified, restricted or substituted, you must complete the Food Services Modification form.

**LIFE-THREATENING ALLERGY  
EMERGENCY ACTION PLAN**

School Year: \_\_\_\_\_

*(This form will be made available to teachers and appropriate school staff.)*

Student's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

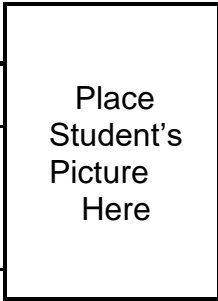
School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Bus Rider:  Yes  No Bus #: AM \_\_\_\_\_ PM \_\_\_\_\_ Non-Transported

Parent/Guardian(s) Name(s): \_\_\_\_\_

Address/Zip Code: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Hospital of Choice: \_\_\_\_\_



**TYPICAL SIGNS OF AN ALLERGIC REACTION INCLUDE:**

**Systems: Symptoms:**

- **MOUTH** Itching and swelling of the lips, tongue, or mouth.
- **THROAT** Itching and/or a sense of tightness in the throat, hoarseness, and hacking cough.
- **SKIN** Hives, itchy rash, and/or swelling about the face or extremities.
- **GUT** Nausea, abdominal cramps, vomiting, and/or diarrhea.
- **LUNG** Shortness of breath, repetitive coughing, and/or wheezing.
- **HEART** "Thready" pulse, "passing-out"

**The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation!**

**STUDENT'S ALLERGY IS TO:** \_\_\_\_\_

**STUDENT'S TYPICAL REACTION:** \_\_\_\_\_

**STUDENT'S OTHER KNOWN ALLERGIES:** \_\_\_\_\_

**ACTION TO BE TAKEN:**

1. If ingestion/exposure is suspected, give: \_\_\_\_\_  
Medication/Dose/Route

\_\_\_\_\_ Medication/Dose/Route

2. Location of Medication/Epi-Pen: \_\_\_\_\_

3. Call Rescue Squad (911) if Epi-Pen is used.

4. Call Parent/Guardian 1: — Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Call Parent/Guardian 2: — Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

*Or call Emergency Contact from list below if unable to reach Parent/Guardian.*

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD  
EVEN IF PARENT/GUARDIAN(S) CANNOT BE REACHED!**

*I give permission to the school nurse and trained school personnel to perform and carry out the administration of life saving medication as outlined in the physician's orders.  Yes  No*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ RN DATE: \_\_\_\_\_

## ROLES IN THE MANAGEMENT OF STUDENTS WITH LIFE-THREATENING ALLERGIES

### PARENT/GUARDIAN'S RESPONSIBILITIES

- Notify the school of the student's allergies prior to the start of the school year – fill out and return the packet sent in the mail OR as soon as possible after a new diagnosis.
- Participate in developing an emergency plan for your student with the School Nurse.
- Provide a list of foods and ingredients to avoid.
- Work with the school team to develop a plan that accommodates the student's needs throughout the school including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus.
- Provide written medical documentation, instructions, and medications as directed by a physician.
- Attach a current photograph of your student to the forms sent to you in the mail.
- Provide properly labeled medications and replace medications after use or upon expiration.
- Decide if additional epinephrine auto-injectors will be kept in the school.
- Educate the student in the self-management of their food allergy including:
  - \* Safe and unsafe foods
  - \* Strategies for avoiding exposure to unsafe foods
  - \* Symptoms of allergic reactions
  - \* How and when to tell an adult they may be having an allergy-related problem
  - \* How to read food labels (age appropriate)
  - \* Review policies/procedures with the school staff, the student's physician, and the student (if age appropriate) after a reaction has occurred.
- Provide emergency contact information and notify school immediately if information changes!
- Provide the School Nurse with a Physician's Statement if student no longer has allergies.
- Leave a bag of "Safe Snacks" in your student's classroom so there is always something your student can choose from during an unplanned special event.

### SCHOOL'S RESPONSIBILITY

- Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA.
- Review the health records submitted by Parent/Guardian(s) and Physicians.
- Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- If it will not negatively impact their academic progress, consider clustering students with similar allergies in the same classroom to promote peer support and avoidance of common allergens.
- Assure that all staff who interact with the student on a regular basis understands food allergy, can recognize symptoms, knows what to do in an emergency, and works with other school staff to eliminate the use of food allergens in the allergic student's meal, educational tools, arts and crafts projects, or incentives.
- Coordinate with the School Nurse to be sure medications are appropriately stored.
- Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day.
- Review policies/prevention plan with the core team members, Parents/Guardians, student (age appropriate), and Physician after a reaction has occurred.
- Work with the district transportation administrator to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.
- Take threats or harassment against an allergic student seriously.
- Discuss field trips with the family and food-allergic student to decide appropriate strategies for managing the food allergy.

### RESPONSIBILITIES OF THE CLASSROOM TEACHER

- Participate in in-service training offered by the School Nurse that addresses the student with food allergies.
- Be aware of allergens that cause life-threatening allergies such as foods, insect stings, medications, latex and have a copy of the student's Emergency Plan.
- Know how to manage an emergency and administer an epinephrine auto-injector.
- Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's allergies and necessary safeguards.
- Leave information in an organized, prominent, and accessible format for substitute teachers.
- Educate classmates to avoid endangering, isolating, stigmatizing, or harassing students with food allergies. Be aware how the student with food allergies is being treated; enforce school rules about bullying and threats.
- Inform parents of any school events where food will be served.
- Never question or hesitate to act if a student reports signs of an allergic reaction.
- Use stickers, pencils, or other non-food items as rewards instead of food.

**FIELD TRIPS**

- Notify the School Nurse two weeks prior to a scheduled field trip and include date, time and location.
- Ensure epinephrine auto-injectors and instructions are taken on field trips.
- Ensure that a functioning cell phone or other communication device is taken on field trip.
- Review plans for field trips – avoid high-risk places.
- Know where the closest medical facilities are located.
- Invite parents of a student at risk for anaphylaxis to accompany their student on school trips in addition to a chaperone. However, the student's safety or attendance must not be conditioned on the parent's presence. Parent/Guardian must complete a background check prior to field trip in compliance with Fayette County Public School Policy.
- Consider ways to wash hands before and after eating.
- One to two people on the field trip should be trained in recognizing symptoms of life-threatening allergic reactions, trained to use an epinephrine auto-injector, and trained in emergency procedure.

**TRANSPORTATION RESPONSIBILITIES**

- Consider ways to wash hands before and after eating.
- Participate in in-service training offered by the School Nurse that addresses the student with food allergies.
- Be aware of allergens that cause life-threatening allergies such as foods, insect stings, medications, latex and have a copy of the student's emergency plan.
- Know how to manage an emergency and administer an epinephrine auto-injector.

**CAFETERIA RESPONSIBILITIES**

- Read all food labels and recheck routinely for potential food allergies.
- Train all food service staff and their substitutes to read product food labels and recognize food allergens.
- Review and follow sound food handling practices to avoid cross contamination with potential food allergens.
- Strictly follow cleaning and sanitation protocol to avoid cross-contamination.
- Be aware of which students have food allergies, know how to recognize food allergy reaction and how to follow emergency care plan.
- Create specific areas that will be allergen safe.

**SCHOOL NURSE RESPONSIBILITIES**

- Prior to entry into school or immediately after diagnosis, develop an emergency plan for the student.
- Assure the emergency plan includes the student's name, allergens, symptoms of allergic reactions, emergency procedures, and required signatures. Familiarize teachers by the opening of school if possible.
- Preferably before school starts, notify all staff who come in contact with the student with allergies - including principal, teachers, specialists, food service personnel, aids, PE teacher, bus driver, etc.
- Train two office staff personnel in emergency medication administration prior to the start of school and other appropriate staff members within a month of the start of school.
- Place a medical alert in Infinite Campus.
- Provide information about students with life-threatening allergies to all staff on a need-to-know basis (including bus drivers),
- Conduct in-service training and education for appropriate staff regarding a student's life-threatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer an epinephrine auto-injector.
- Document which school personnel have been trained.

**STUDENT'S RESPONSIBILITIES**

- Should not trade food with others.
- Should not eat anything with unknown ingredients or known to contain any allergen.
- Should be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.
- Wash hands before and after eating.
- Learn to recognize symptoms of an allergic reaction.
- Know where the epinephrine auto-injector is kept and how to access it if not kept on person.
- Carry his/her own epinephrine auto-injector if age appropriate, and if Physician and parent have completed appropriate forms for him/her to carry and administer epinephrine.

**It is important that children take on more responsibility for their food allergies as they grow older and are developmentally ready. Consider teaching them to:**

- Communicate the seriousness of the allergy.
- Communicate symptoms as they appear.
- Read labels.
- Carry own epinephrine auto-injector.
- Administer own epinephrine auto-injector and be able to train others (i.e., classmates, friends, etc.) in its use.