HUCKABAY INDEPENDENT SCHOOL DISTRICT

Food Allergy Management Plan

Food Allergies

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

The district has developed and annually reviews a food allergy management plan which addresses employee training, dealing with common food allergens, and specific strategies for dealing with students diagnosed with severe food allergies. When the district receives information that a student has a food allergy that puts the student at risk for anaphylaxis, individual care plans will be developed to assist the student in safely accessing the school environment.

On enrollment, the District will request that Parents or the person with legal control of the child under court order complete a "Request for Food Allergy Information" form. (SEE ATTACHED) This form allows parents to confidentially disclose whether their child has a food allergy in order to enable the District to take the necessary precautions for their child's safety.

The District shall maintain the confidentiality of the provided information, and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only to the extent consistent with District policy under Education Code 38.009 and permissible under the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. Section 1232g. [See FL]

If a student is diagnosed with a food allergy, especially those allergies that could result in dangerous or possibly life-threatening reactions either by inhalation, ingestion, or skin contact with the particular food, the District requests to be notified. It is important to disclose the food to which the student is allergic, as well as the nature of the allergic reaction. Please contact the school nurse, cafeteria manager, or campus principal at 254-968-5274 if your child has a known food allergy or as soon as possible after any diagnosis of a food allergy. The district will then request that the parent complete an "Authorization of Emergency Treatment Form"

The District has access to the ingredients of all foods that are served in the cafeteria through the distributors' websites. When/if a student is identified as having a certain food allergy, steps will be taken to protect the student from contact with the particular ingredient.

Huckabay ISD

REQUEST FOR FOOD ALLERGY INFORMATION

(The District must request, at the time of enrollment, that the parent or guardian of each student attending the District disclose the student's food allergies. This form will satisfy this requirement. Additional information regarding food allergies, including maintaining records related to a student's food allergies, can be found at FD and FL.)

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

Food:	**Nature of allergic reaction to the food:**

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy. [See FL]

Student name: _____ Date of birth: _____

Grade: _____

Parent/Guardian name: _____

Work phone: _____ Home phone: _____

Parent/Guardian Signature: _____ Date: _____

~~Date form was received by the school:~~ _____

PHOTO

AUTHORIZATION OF EMERGENCY TREATMENT

_____ is allergic to: _____

1. If you suspect that a food allergen has been ingested (or insect sting), immediately determine the symptoms and treat the reaction as follows:

Symptoms:		**Give Medication checked "X"***		
Mouth	Itching, tingling, or swelling of lips, tongue, mouth	☐ Antihistamine	☐ EpiPen	
Skin	Hives, swelling on face or extremities, itchy rash	☐ Antihistamine	☐ EpiPen	
Gut	Nausea, abdominal cramps, vomiting, diarrhea	☐ Antihistamine	☐ EpiPen	
Throat	Tightening of throat, hoarseness, hacking cough	☐ Antihistamine	☐ EpiPen	
Lung	Shortness of breath, repetitive coughing, wheezing,	☐ Antihistamine	☐ EpiPen	
Heart	Thready pulse, passing out, fainting, pale, blueness	☐ Antihistamine	☐ EpiPen	
General:	Panic, sudden fatigue, chills, fear of impending doom	☐ Antihistamine	☐ EpiPen	
If a food allergen has been ingested, but *no symptoms*:		☒ Antihistamine	☐ EpiPen	☐ Other
If a reaction is progressing (several of the above areas affected):		☒ **Antihistamine**	☒ **EpiPen**	

Medication Doses:
Antihistamine (liquid diphenhydramine, Benadryl™ or cetirizine, Zyrtec™):
Give _____ Teaspoon(s), _____cc (_____mg) by mouth.
Epinephrine:
EpiPen™ [Epi-Pen_____ (_____mg)] injected once into upper outer thigh
Epinephrine injection may need to be repeated if the child's symptoms persist or get worse.

Call 911 (or Ambulance service and phone number:_____)
State that the child had a severe allergic reaction, and additional epinephrine doses may be needed

Additional contact information:
Nearest Hospital _____ Phone _____Address
Allergist Name _____ Phone _____
Pediatrician Name _____ Phone _____
Parent's Name (other contacts) and Contact Numbers
Name _____
Phone (1) _____ Phone (2) _____
Name _____
Phone (1) _____ Phone (2) _____
Other allergies, medication allergies, medical conditions:_____ Approximate Weight:_____ lbs

DO NOT HESITATE TO ADMINISTER MEDICATION OR TAKE THE CHILD TO A MEDICAL FACILITY EVEN IF PARENTS CANNOT BE REACHED!

*Additional boxes may be checked depending upon specific patient history

_____ _____
Physician's Signature Date Parent's Signature Date

Provided by the Food Allergy Initiative, a national non-profit organization dedicated to finding a cure to life-threatening food allergies. For more information, please visit www.FoodAllergyInitiative.org or email Info@FoodAllergyInitiative.org