Guidelines for Managing Life-Threatening Allergies

February 2012
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Introduction

The incidence of severe and life-threatening allergies has been rising over the past several years. Ninety percent (90%) of all food allergies are attributed to eight foods. These foods are:

- Peanuts
- Shellfish – crab, crayfish, lobster, shrimp
- Fish
- Tree nuts - walnuts, almonds, cashews, pistachios, pecans
- Eggs
- Milk
- Soy
- Wheat

Other allergic reactions are known to be caused by insect venom (e.g. bee stings), medications and latex. An allergic reaction can occur within minutes or up to hours of exposure. To address the challenges that life-threatening allergies present, it is important that students, parents, physicians and school personnel work cooperatively to create a safe learning environment for all.

The purpose of this document is to provide policy and guidelines to support students with life-threatening allergies, minimize the risk accidental exposure to allergens and have a plan to recognize and manage allergic reactions and anaphylaxis at school. These guidelines are organized by allergy type.
Policies of the Board of Education

Series 400: Students

**Life-Threatening Allergy Management**

The Waunakee Community School District is committed to providing a safe and nurturing environment for students. The Board of Education understands the increasing prevalence of life-threatening allergies among students. Recognizing that the risk of accidental exposure to allergens can be reduced in the school setting, the Waunakee Community School District is committed to working cooperatively with students, parents and physicians to minimize the risks and provide a safe educational environment. The focus of allergy management will be on prevention, education, awareness, communication and emergency response.

The Waunakee Community School District will define a formal process for identifying and managing care for students with life-threatening allergies in the District classrooms, physical education, art rooms, food service/cafeteria, science, mathematics projects, craft projects, outdoor activity areas, school buses, field trips and before and after school activities funded by the District. This process shall be outlined in the Guidelines for Managing Life-Threatening Allergies.

The Waunakee Community School District will maintain and protect the safety of students who have life-threatening allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care and provide appropriate educational opportunities.

The Waunakee Community School District will ensure the interventions and individual health care plans for students with life-threatening allergies are based on medically accurate information and evidence-based practices.

Legal Ref: Sections 115 Subchapter V Wisconsin Statute 118.29 118.291 118.292 Section 504 of the Rehabilitation Act of 1973 Americans with Disabilities Act Amendments of 2008 Individuals with Disabilities Education Act USDA Regulation 7CFR Part 15b

Cross Ref: 453.1 453.1-Rule 453.4 453.4-Rule 453.4-Exhibit A 453.4-Exhibit B

Adopted: April 2012

Waunakee Community School District
Standing Order for Allergic Reaction (Anaphylaxis)

Anaphylaxis is an allergic reaction that may be triggered by a food allergy, insect sting or drug reaction. **If a person with a known history of severe allergic reaction is exposed to a known allergen, activate the emergency medical services immediately. Do not wait for symptoms to develop.**

In the event of an anaphylaxis of a student, staff member or community member and the person does not have their own prescribed Epi-Pen; Epinephrine will be administered by a district school nurse or health assistant according to the following procedure.

1. Assess the person for symptoms of shock or respiratory distress.
   a. **Respirations:** may be wheezy, labored or absent
   b. **Pulse:** may be rapid, weak or difficult to detect
   c. **Color:** may be pale, mottled or cyanotic
   d. **Skin:** may be cool, moist or clammy; urticarial (hives) may be present, nail capillary refill time may exceed two seconds
   e. **Blood pressure:** may be low or undetectable
   f. **Mucous Membranes:** may be swollen (Eyes, nose and mouth)
   g. **Other:** stupor, agitation, restlessness, vomiting, diarrhea, headache and unconsciousness

2. Monitor the airway, keeping it open. As needed remove secretions/vomitus and assist with ventilation.

3. If person has ANY signs or symptoms of an allergic reaction and if no other specific physician order is available, administer epinephrine as follows:
   a. **Under 60 pounds**
      i. First dose: Epi-Pen Jr. (0.15 mg epinephrine) according to Epi-Pen Jr. directions.
      ii. Subsequent injections may be given every 15-20 minutes, in accordance with observed symptoms (Section 1 above) or instruction from 911 center, if available.
   b. **Over 60 pounds**
      i. First dose: Epi-Pen (0.3 mg epinephrine) according to Epi-Pen directions.
ii. Subsequent injections may be given every 15-20 minutes, in accordance with observed symptoms (Section 1 above) or instruction from 911 center, if available.

c. Epi-Pen or Epi-Pen JR may be administered through clothing.
   i. Pull off blue safety cap.
   ii. Form fist around injector, keeping fingers away from orange tip.
   iii. Swing back slightly, and jab firmly into outer thigh.
   iv. Hold in place for at least 10 seconds. Massage area
   v. Discard injector in sharps container or provided plastic case
   vi. Stay with student until EMS arrives.
   vii. Record event on health service log, and incident report.

4. First Aid
   a. Lay person flat, facing up (supine position); raise feet 8 to 12 inches. (Position on side if vomiting.)
   b. Keep person warm, but not overheated.
   c. Do not administer any solid or fluid by mouth.
   d. If bee stinger is noted in skin, remove by gently scraping at skin level.
   e. Monitor person closely, as sudden clinical deterioration can occur despite treatment.
   f. **DO NOT LEAVE THE PERSON ALONE!**

   **ANY TIME EPI-PEN IS GIVEN CALL 911**

   If known, state that the person has a peanut/bee/allergy and has been exposed/stung.
   State that Epi-Pen has been given and time of medication if known.

   ___________________________  ___________________________
   Physician Signature        Date

   ___________________________  ___________________________
   School Nurse Signature      Date

   ___________________________  ___________________________
   School Nurse Signature      Date

   ___________________________  ___________________________
   Director of Student Services Date
Glossary of Terms

The following is a list of terms which provide some helpful background information regarding life-threatening allergies.

**Acute** - Symptoms that occur suddenly and can be severe.

**Adrenaline** - Synonymous for epinephrine

**Allergen** - A substance that can cause an allergic reaction. The most common allergens are: peanuts, shellfish, fish, tree nuts, eggs, milk, soy, wheat, insect venom, latex and medications.

**Allergic Reaction** - An immune system response to a substance that itself is not harmful but that the body interprets as harmful. When exposed to an allergen, the allergic student produces histamine. Once the histamine is released in the body it causes chemical reactions which trigger inflammatory reactions in the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). Each person with an allergy reacts to the allergen differently including the symptoms and severity.

**Allergy Action Plan** - Part of the 504 Plan It is a specific protocol which explains exactly what steps are taken if a child has an allergic reaction. It usually has the student's recent photograph on the plan.

**Allergy Warning Label** - A bright colored label placed on the substitute teacher's folder in the classroom alerting the substitute to look for information in the folder regarding the food allergic student

**Anaphylactic Reaction** - Synonymous for Anaphylaxis

**Anaphylaxis** - It is an immediate potentially life threatening allergic reaction. The most dangerous symptoms include breathing difficulties, and a drop in blood pressure or shock, which can be fatal. Asthmatic students are at an increased risk for anaphylaxis. Anaphylaxis often involves several areas of the body at once such as the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). The drug to immediately use to abate anaphylaxis is Epinephrine (contained in an Epi-Pen or Epi-Pen Jr.).

**Antihistamine** - A drug that stops histamine from being released in the body during an allergic reaction. Usually given as an oral medication.

**Asthma** - A disease of the lungs in which there is widespread narrowing of airways. The airways become clogged with mucus. Students with asthma and allergies appear to be at an increased risk for fatal anaphylaxis. Epinephrine is the first-line of defense for an anaphylactic reaction even with a child with asthma medicine.
**Cross Contamination** - When an allergen comes in contact with a pan, utensil, surface or food that is allergen free it contaminates it. The allergen free object is now unsafe for an allergic student.

**Epi-Pen** - Injectable Adrenaline (Epinephrine) An Epi-Pen abates allergic symptoms for 15-20 minutes. Symptoms may reappear if prompt medical attention is not given to the allergic student. Always call 911 when epinephrine is given.

**Epi-Pen Jr.** - It is the same as an Epi-Pen only a smaller dose.

**FAAN** - Acronym for the Food Allergy and Anaphylaxis Network that has educational material on food allergies. [http://www.foodallergy.org/](http://www.foodallergy.org/)

**504 Plan** - Refers to a section in the Rehabilitation Act of 1973 which prohibits discrimination against a qualified handicapped individual by any program that receives federal funds. It is a legal document. A 504 Plan encompass the student's Allergy Action Plan and any other documents the parents and school deem relevant.

**Food Allergy** - An immune system response to a certain food. Upon ingestion, the body creates antibodies to that food. When the antibodies react with the food, histamine and other chemicals are released from cells. The release of those chemicals may cause hives, difficulty breathing, or other symptoms of an allergic reaction.

**Histamine** - A chemical released by the body during an allergic reaction. It causes the symptoms listed above in Allergic Reaction.

**Hives** - Itchy, red, mosquito-like bumps that may appear anywhere on the skin and are usually a symptom of an allergic reaction.

**Latex** - A milky fluid produced by a rubber tree. This natural ingredient is found in a variety of health care products, rubber bands, gym, art supplies, and balloons. It can cause a severe life threatening allergy to sensitized people.

**Life Threatening Allergy** - Students with allergies have over reactive immune systems. The immune system produces chemicals and histamine which can cause the severe symptoms in the body (e.g., swelling, breathing difficulty or shock). Epinephrine found in the Epi-Pen is the recommended treatment.

**Medic Alert Bracelet/Necklace** - A necklace or bracelet worn by an allergic student that states the allergens and gives a telephone number for additional information.

**Periodic Anaphylaxis Drill** - A practice in procedures that would be carried out if there were an anaphylactic emergency. The drill may include but is not limited to: who helps the student, who retrieves the Epi Pen and administers it, who calls 9-1-1, and who directs the paramedics to the child.
Guidelines for Food Allergies

Responsibilities for Parents and Guardians

- Inform the building nurse in writing of your child’s allergies prior to the school year or immediately after initial diagnosis. All food allergies must be verified by a licensed physician.
- Provide medication orders and signatures from parent/guardian and a licensed physician prior to the start of each school year or immediately after initial diagnosis.
- Sign a Release of Information form for school personnel to consult with family physician/allergist and all applicable medical providers.
- Provide up-to-date Epi-Pens and other necessary medications at the start of each school year and refill as necessary.
- Provide annual updates on your child’s allergy status including details of symptoms.
- Provide the school with current phone numbers and emergency contacts at the start of each school year and as changes are made.
- Participate in developing an Allergy Action Plan before school starts each year.
- Decide if your child will sit at an “allergy-free” table in the cafeteria.
- Consider providing your child with a medic alert bracelet.
- If applicable, introduce your child to the bus driver and explain your child’s allergy.
- Provide daily snacks for your own child to eat in class.
- Review school lunch menus and send cold lunch with your child on days when eating a school hot lunch may not be a safe choice. Teachers are not responsible for monitoring ingredients of hot lunches.
- Complete the Special Diet Statement for a Participant with a Disability form for consideration of meal modifications by district contracted food service provider. Parts 2 and 3 of this form must be completed by a licensed physician.
- Provide a list of foods and ingredients to avoid verified by a licensed physician. Addressed on Special Diet Statement for a Participant with a Disability form
- Teach your child to recognize safe and unsafe food items and advise them not to share snacks, lunches or drinks with others.
- Teach your child to report any symptoms of an allergic reaction to their teacher and/or supervising adult immediately.
- While the school will not exclude an allergic student from a field trip, a parent may choose to do so. Be willing to go on your child’s field trips if requested.
- If your child carries his/her own Epi-Pen on them (i.e. backpack or purse), notify school staff of its location. Parents are encouraged to keep a “back-up” Epi-Pen in the school health office as well. Epi-Pens should not be stored in cars or lockers where they are not easily accessible and exposed to cold or heat. Parents/guardians and physicians must give written consent to allow a student to carry his/her own medication.

Responsibilities for Students with Life-Threatening Food Allergies

- Do not trade or share food.
- Do not eat anything with unknown ingredients.
☐ Wash hands or use hand wipes before and after eating.
☐ Learn to recognize symptoms of an allergic reaction.
☐ Notify a teacher or other adult immediately if an allergic reaction occurs or if they eat something they believe may contain the food to which they are allergic.
☐ Wear a medic alert bracelet, if provided by your parents.
☐ Notify an adult if they are being picked on or threatened by other students as it relates to their food allergy.
☐ Know how to administer own Epi-Pen (if age appropriate)
☐ Notify an adult if they are being picked on or threatened by other students as it relates to their food allergy.
☐ Keep medications in designated location and do not share medications with others.

**Responsibilities for Building Administrators**

☐ Follow all applicable federal laws, including Americans with Disabilities Act, Section 504, FERPA, Individuals with Disabilities Education Act, as well as all state laws and district policies/guidelines that may apply to food allergies.
☐ Have available the appropriate allergy forms for the parent and explain that the required forms must be returned and reviewed by the school nurse.
☐ Have knowledge of all Allergy Action Plans for all students with life-threatening food allergies in their building.
☐ When appropriate, familiarize teachers with the Allergy Action Plans of their students and any other staff member who has contact with the student on a need-to-know basis.
☐ Reinforce with building custodial staff the need to develop a cleaning protocol to ensure that the risk of exposure to food allergens is minimized.
☐ Reinforce a no-food and no-utensil trading/sharing best practice.
☐ Provide emergency communication devices for school activities including physical education, playground, and field trips that involve a student with life-threatening food allergies.
☐ Post food allergy alert signs in buildings as appropriate.

**Responsibilities for the School Nurse**

☐ Review and retain all forms and documents submitted by parents and medical professionals related to students with life-threatening allergies.
☐ Meet with parents/guardians of a student with a life-threatening allergy to develop an Allergy Action Plan.
☐ Maintain a copy of the Allergy Action Plan within the classroom at the elementary school (PK-6) and in the health office in all buildings. The Allergy Action Plan should also be maintained with the Epi-Pen for students who carry their own medication and should accompany the student on field trips.
☐ Assist the building administrator in providing information about students with life-threatening allergies to staff where there is a need to know.
☐ Distribute the health concerns list within each building prior to the beginning of the school year and update as needed during the school year.
☐ Train health assistants how to recognize and respond to allergic reactions.
Provide training for all designated staff in the use of Epi-Pen auto-injector annually.
Inform the building administrator, the Director of Student Services and the parent/guardian if any student experiences an allergic reaction that has not been previously identified.
Maintain records of all staff trainings related to students with life-threatening allergies.
Provide food service staff with a list of all students with life-threatening food allergies and their Individual Health Plan and Allergy Action Plan.
Store Epi-Pens in the health office, periodically check medications for expiration dates and notify parents of need for refills.
Educate students and parents on the appropriate locations for storing Epi-Pens following the manufacturer’s guidelines for avoidance of light and extreme temperatures.
Send all Epi-Pens and Allergy Action Plans on field trips.

Responsibilities of the Teachers
- Review the building health concerns list prior to the start of school which includes Allergy Action Plans of any student identified with life-threatening food allergies.
- Participate in any meetings for students with life-threatening food allergies.
- Keep the Allergy Action Plan accessible and inform substitutes, paraeducators and volunteers of the plan location.
- Leave information for substitute teachers in a prominent location.
- Inform parents of the student with a life-threatening allergy in advance of any class events where food will be served.
- Never question or hesitate to act immediately if a student reports signs or symptoms of an allergic reaction.

Snacks/Lunchtime
- Refer to the student’s Allergy Action Plan for restricted foods. Establish daily procedure with parent/school nurse to ensure compliance with the plan.
- Discourage the sharing or trading of food.
- If contamination of foods is suspected have the students wipe individual desk.
- Reinforce hand washing before and after eating.

Classroom Activities
- Use allergen free products for classroom activities (i.e. arts and crafts, science projects, math manipulatives, cooking, celebrations). Modify class materials as needed.
- If a food event has been held in a classroom have the custodian wash the tables and chairs afterwards.
- Consider the use of stickers, pencils or other non-food items as rewards.
- Be aware of allergy concerns of students before inviting an animal into the classroom as well as the animal’s food (peanuts, soy milk).

Field Trips
- Consider the risk of exposure to food allergens when planning a field trip.
Collaborate with the building school nurse prior to planning a field trip. Ensure Epi-Pen and Allergy Action Plan are taken on field trips.

Ensure a functioning school cell phone or other communication device is taken on the field trip.

Consider eating situations on field trips and plan for reducing the risk of exposure to the student’s life-threatening foods.

Invite parents of students with life-threatening food allergies to accompany their child on the field trip, in addition to chaperones. However, a parent’s presence is not required.

Require hand washing before and after eating. Use hand wipes if a sink is not available.

Identify and inform at least 2 staff members who will be first responders and secure their cooperation in planning and preparation for emergencies.

**Responsibilities for Substitute Teachers**

- Review sub folders to alert them to which students in the classroom have life-threatening food allergies and review the Allergy Action Plan for each student before class begins.
- If the substitute has any questions about the Allergy Action Plan, he/she should contact the building health office.
- Short-term substitute staff and volunteers should never hand out extra food items as a reward without verifying that there are no students with an Allergy Action Plan.
- Any substitute staff, volunteers or visitors should be encouraged to wash their hands prior to coming into the classroom to help reduce the potential for food allergens on their hands and possibly contaminating shared surfaces.

**Responsibilities for Recess/Lunch Room Supervisors**

- Attend training to recognize and respond to a life-threatening food allergy or anaphylaxis.
- Never question or hesitate to act immediately if a student reports signs or symptoms of an allergic reaction. Take all complaints seriously.
- Encourage hand washing or use of hand wipes for students after eating.
- Thoroughly clean all tables and chairs after lunch. Use separate, labeled, wash bucket and cloth with district approved cleaning agents solely for the cleaning of allergen-free table.
- Ensure that only students with “safe lunches” eat at the allergy-free table.

**Responsibilities for Food Service Staff**

- Provide training to food service staff regarding safe food handling practices to avoid cross contamination with potential food allergens.
- Wear non-latex gloves. Glove covered hands shall be washed or changed during extended use to avoid cross contamination with potential food allergens.
- Maintain a list of students with food allergies within the food services area with a photo of the student, when available (not for public viewing).
- Review the Health Concerns List and Allergy Action Plan for students with life-threatening food allergies.
- Make available as requested by parents/guardians specific labels of products used in the school’s food service program to identify ingredients which are potential allergens.
- Maintain knowledge of which food products contain allergens.
- Participate in training for students with life-threatening food allergies including recognition of signs and symptoms of life-threatening food allergies and anaphylaxis and the use of Epi-Pens.
- For students identified with a disability, review the Special Diet Statement and make the identified accommodations to omit and substitute foods. This form must be completed by the parents and a licensed physician.
- Respond appropriately to all complaints/concerns from any parent of or student with a life-threatening food allergy including allowing the student to go to the health office if complaining of any potential symptoms. A response to complaints/concerns would also include any type of hazing or inappropriate behavior on the part of other students.

Responsibilities for Custodial Staff
- Use a separate, labeled, wash bucket and cloth with district approved cleaning agents solely for the cleaning of allergy-free tables and areas.
- Receive training on allergen zone maintenance areas.

Responsibilities of the Contracted Bus Company
- Train bus drivers on the recognition of allergy symptoms and what to do if a student with a life-threatening food allergy has signs or symptoms of an allergic reaction.
- All busses will have communication devices for use in the case of an emergency.
- Enforce no eating on the bus except in the case of a medical need (i.e. student with diabetes having a low blood sugar reaction)
- Bus company will be provided annually and updated as needed a health concerns list indicating students with life-threatening food allergies.
- Students with life-threatening food allergies should sit immediately behind and to the right side of the bus driver.
- Bus drivers will not hand out food treats even on special occasions.
- Wipe down busses when an exposure to a potential food allergen is known.

Responsibilities of Coaches and Supervisors of School Funded Activities
- Review the health concerns list of participating students and be aware of students with a Life-Threatening food allergy.
- Obtain a copy of the Allergy Action Plan from the school health office or parents.
- District employees shall attend training to recognize and manage signs and symptoms of life-threatening food allergies and anaphylaxis.
Guidelines for Latex Allergies

Responsibilities for Parents/Guardians

☐ Inform the building nurse in writing of your child’s allergies prior to the school year, or immediately after an initial diagnosis. All latex allergies must be verified by a licensed physician.

☐ Provide medication orders and signatures from parent/guardian and a licensed physician prior to the start of school or immediately after initial diagnosis.

☐ Sign a Release of Information form for school personnel to consult with family physician/allergist and all applicable medical providers.

☐ Participate in developing an Allergy Action Plan before school opens.

☐ Provide up-to-date Epi-Pens and other necessary medication(s) at the start of each school year and refill as necessary.

☐ Provide annual updates on your child’s allergy status including details of symptoms.

☐ Consider providing a medic alert bracelet for your child.

☐ Provide the school with current phone numbers and emergency contacts at the start of each school year and as changes are made.

☐ If applicable, introduce your child to the bus driver and explain your child’s allergy.

☐ While the school will not exclude an allergic student from a field trip, a parent may choose to do so. Be willing to go on your child’s field trips if requested.

☐ Teach your child to recognize products that may contain latex and advise them to avoid these items.

☐ Teach your child to report any symptoms of an allergic reaction to their teacher and/or supervising adult immediately.

☐ If your child carries his/her own Epi-Pen on them (i.e. backpack or purse), notify school staff of its location. Parents are encouraged to keep a “back-up” Epi-Pen in the school health office as well. Epi-Pens should not be stored in cars or lockers where they are not easily accessible and exposed to cold or heat. Parents/guardians and physicians must give written consent to allow a student to carry his/her own medication.

Responsibilities for Students with Latex Allergies

☐ Learn to recognize symptoms of an allergic reaction and tell an adult.

☐ Refrain from handling items that may contain latex (health care products, rubber bands, gym, art supplies, and balloons).

☐ Wear a Medic Alert bracelet if provided by the parent/guardian.

☐ Notify an adult immediately if an allergic reaction occurs or you have come in contact with an item that contains latex.

☐ Notify an adult if they are being picked on or threatened by other students as it relates to their food allergy.

☐ Know how to administer her/his own Epi-Pen, (if age appropriate).

☐ Notify an adult if they are being picked on or threatened by other students as it relates to their food allergy.
Responsibilities for Building Administrators

- Follow all applicable federal laws, including Americans with Disabilities Act, Section 504, FERPA, Individuals with Disabilities Education Act, as well as all state laws and district policies/guidelines that may apply to latex allergies.
- Have available the appropriate allergy forms for the parent and explain that the required forms must be returned and reviewed by the school nurse.
- Have knowledge of all Allergy Action Plans for all students with life-threatening latex allergies in their building.
- When appropriate, familiarize teachers with the Allergy Action Plans of their students and any other staff member who has contact with the student on a need-to-know basis.
- Reinforce with building custodial staff the need to develop a cleaning protocol to ensure that the risk of exposure to latex is minimized.
- Reinforce policy of no latex in the building, if this is determined to be appropriate.
- Provide emergency communication devices for school activities including physical education, playground, and field trips that involve a student with life-threatening latex allergies.
- Post latex allergy alert signs in buildings as appropriate.

Responsibilities for the School Nurse

- Meet with Parent/Guardian and develop Allergy Action Plan for all students with life-threatening latex allergies and distribute in building health concerns packet. Discuss specific plan with classroom teacher and related staff.
- Provide training for all staff that work with students with Life-Threatening latex allergies; principal, teachers, support and related arts staff, food service personnel, and bus drivers if appropriate on procedures for treatment of LFAs.
- Provide lunchroom staff with a list of students and their pictures to post nearby.
- Store Epi-pen’s in the health office, periodically check medications for expiration dates and notify parents of need for refills.
- Send all Epi-pens and Allergy Action Plans on field trips.
- Establish and provide an inventory of latex-free alternatives for medical equipment and other school supplies in high risk areas of school environment.

Responsibilities for the Teachers

- Review the building health concern list prior to the start of school which includes Allergy Action Plan of any student identified with life threatening allergies.
- Participate in any meetings for the student with life-threatening allergies.
- Keep the Allergy Action Plan accessible with photo in classroom, and inform substitutes, teacher aides, and parent helpers of the plan location.
- Leave information for substitute teachers in a prominent location.
- Never question or hesitate to act immediately if a student reports signs or symptoms of an allergic reaction.

Classroom Activities:

- Latex balloons should not be in the classroom or immediate area.
Remove and use allergen free products only for classroom activities (i.e., markers, erasers, rubber bands, gloves, cooking, celebrations. Substitute class materials as needed. Refer to updated consumer product list by the American Latex Allergy Association at [www.latexallergyresources.org](http://www.latexallergyresources.org)

**Field Trips:**
- Consider the risk of latex exposure when planning a field trip.
- Collaborate with the building nurse prior to planning a field trip. Ensure Epi-Pen and Individual Emergency Action Plan are taken on field trips.
- Ensure a functioning cell phone or other communication device is taken on trip.
- Invite parents of allergic students to accompany their child on school trips, in addition to chaperones. However, the parent’s presence is not required.
- Require hand washing before and after eating (Use hand wipes if sink not near)

**Responsibilities for the Recess/Lunch Room Monitors**
- Never question or hesitate to act immediately if a student reports signs or symptoms of an allergic reaction. Take all complaints seriously.
- Encourage hand washing or use of hand wipes for students after eating.
- Thoroughly clean all tables and chairs after lunch.
- A Medic Alert bracelet should never be removed.

**Responsibilities for the Food Service Manager/Lunchroom Staff**
- Avoid the use of latex gloves by food service personnel.
- If requested meet with parent to discuss student’s latex allergy.
- Review the health concerns list provided annually by the school nurse for students with life threatening latex allergies.
- Never question or hesitate to act immediately if a student reports signs or symptoms of an allergic reaction.

**Responsibilities for the Coaches and Supervisors of School Funded Activities**
- Review the Emergency Health Concern list provided annually by the school nurse for students with life threatening latex allergies.
- Conduct activities in accordance with all school policies and procedures regarding latex allergies and specified in the Athletic Training Handbook and Allergy Action Plan for the Waunakee Community School District.
- Ensure a cell phone or other communication device is present at field locations.
- Clearly identify who is responsible for keeping the Epi-Pen or other emergency medication and where it will be kept.
- Administer EpiPen if trained and then call 911 if allergic reaction is suspected.
- Medic Alert tags may be covered or taped but must not be removed

**Responsibilities for the School Bus Driver**
- Maintain policy of no latex items allowed on school buses.
- Obtain training on first aid guidelines and Epi-pen use if needed.
Guidelines for Insect Venom Allergies

Responsibilities for Parents/Guardians

☐ Parents are asked to assist the school by following these guidelines:
  ☐ Inform the building nurse in writing of your child’s allergies prior to the school, or soon after an initial diagnosis.
  ☐ Participate in developing an Individual Emergency Action Plan before school opens.
  ☐ Provide medication orders and signatures from a licensed provider.
  ☐ Provide up-to-date Epi-Pens and other necessary medication(s)
  ☐ Provide annual updates on your child’s allergy status including details of symptoms.
  ☐ Provide a medic alert bracelet for your child. Notify supervisors of before and after school activities clubs of your child’s allergy and provide necessary medication.
  ☐ Introduce your child to the bus driver and explain your child’s allergy.
  ☐ While the school will not exclude an allergic student from a field trip, a parent may choose to do so. Be willing to go on your child’s field trips if requested.

Responsibilities for Students with Insect Allergies

☐ Learn to recognize symptoms of an allergic reaction and tell an adult
☐ Wear a Medic Alert bracelet if provided by the parent
☐ Notify an adult immediately if an allergic reaction occurs.
☐ Know how to administer her/his own Epi-Pen, (if age appropriate)

Responsibilities for the Building Nurse

☐ Meet with Parent/Guardian and develop Individual Emergency Action Plan for all students with life-threatening allergies and distribute in building health concerns packet. Discuss specific plan with classroom teacher and related arts staff.
☐ Provide in-service training for all staff that work with these students; principal, teachers, support and related arts staff, food service personnel, and bus drivers if appropriate on procedures for treatment of LFAs.
☐ Train all designated staff in the use of Epi-pen auto-injector annually.
☐ Store Epi-pen’s in the health office, periodically check medications for expiration dates and notify parents of need for refills.
☐ Send all Epi-pens and emergency action plans on field trips.

Responsibilities for the Classroom Teacher

☐ Review the building health concern list prior to the start of school which includes Individual Emergency Health Plans of students identified with life threatening allergies.
☐ Participate in any meetings for the student with life-threatening allergies.
☐ Keep the IHP accessible with photo in classroom, and inform substitutes, teacher aides, and parent helpers of the plan location.
☐ Never question or hesitate to act immediately if a student reports signs or symptoms of an allergic reaction.

Field Trips:

☐ Consider the allergic student level of exposure when planning a field trip.
Collaborate with the building nurse prior to planning a field trip. Ensure Epi-Pen and Individual Emergency Action Plan are taken on field trips. Ensure a functioning cell phone or other communication device is taken on trip. Invite parents of allergenic students to accompany their child on school trips, in addition to chaperones. However, the parent’s presence is not required.

Responsibilities for the Recess/Lunch Room Monitors
- Never question or hesitate to act immediately if a student reports signs or symptoms of an allergic reaction. Take all complaints seriously.

Responsibilities for the Food Service Manager/Lunchroom Staff
- Review the Emergency Health Concern list provided annually by the District Nurse for students with life threatening allergies.
- Never question or hesitate to act immediately if a student reports signs or symptoms of an allergic reaction.

Responsibilities for the Coaches and Supervisors of School Funded Activities
- Review the Emergency Health Concern list provided annually by the District Nurse for students with life threatening allergies.
- Conduct activities in accordance with all school policies and procedures regarding LTA’s and specified in the Athletic Training Handbook and Emergency Action Medical Plan for the Waunakee Community School District.
- Ensure a cell phone or other communication device is present at field locations.
- Clearly identify who is responsible for keeping the Epi-Pen or other emergency medication and where it will be kept.
- Administer Epi-Pen if trained and then call 911 if allergic reaction is suspected.
- Medic Alert tags may be covered or taped but must not be removed.

Responsibilities for the School Bus Driver
- Be informed of student with life threatening insect sting reaction and location of kit.
- Obtain training on first aid guidelines and Epi-pen use if needed.
Appendix A

Key Points for Students, Parents and Staff

- **You are never alone.** It takes a team to ensure the best for our students. Help is usually a phone call away.

- **Educate, Educate, Educate.** This is an ongoing process that changes with the student’s needs and as the staff changes. Food bans do not work because it creates a false sense of security. Today, processed foods contain trace amounts of food items that are not always identified on the food label. The best plan is to educate our school community about the issues that face students with life-threatening allergies.

- **Special events/Non-routine days.** The greatest risk for a life threatening allergic reaction exists when the normal routine is broken. Examples are classroom parties, field trips, a substitute teacher and after school events. **Be prepared.** Always have the Allergy Action Plan available and think ahead to reduce the risk accidental exposure to an allergen.

- **Symptoms vary greatly.** Call 911 when uncontrolled anaphylactic symptoms occur or if exposure to an allergen is strongly suspected. Use emergency medication (i.e. Epinephrine) if needed and follow the Allergy Action Plan.

- **Be safe, not sorry!** Take all complaints from children with life-threatening allergies very, very seriously. It is important to respect the needs and rights of each student.

- **A student with a life-threatening food allergy should never eat unexamined food.**

- **In the event a student has an allergic reaction at school, call 911 and administer medication** (i.e. antihistamine and Epinephrine) as ordered by the student’s physician. Key staff should be trained to use emergency medications and know the location of those medications at school and on any special function. **If Epinephrine is used, the student should be taken to the hospital for evaluation even if the allergic reaction symptoms subside.** The principal, school nurse, health assistant and parent/guardian should be notified as soon as possible. Call 911 for all suspected life-threatening allergic reactions. No one can predict how a reaction will progress. A mild reaction can blossom into a full blown anaphylactic reaction very quickly or over several hours. A reaction can also appear to subside or even appear to be under control and can blossom again into a Life-Threatening reaction.

- **Cross contamination.** It only takes a trace amount of the allergen to cause an allergic reaction. To prevent exposure to an allergen, **hand washing and washing of surfaces** (tables, chairs, mixing bowls, etc.) where an allergen has been used is necessary. Soap and warm water are most effective for cleaning surfaces.
Appendix B

How to Read a Label for a Milk-Free Diet

All FDA-regulated manufactured food products that contain milk as an ingredient are required by U.S. law to list the word "milk" on the product label.

Avoid foods that contain milk or any of these ingredients:
- butter, butter fat, butter oil, butter milk
- casein
- casein hydrolysate
- caseinates (in all forms)
- cheese
- cottage cheese
- cream
- curd
- custard
- diacetyl
- ghee
- half-and-half
- lactalbumin, lactalbumin phosphate
- lactoferrin
- lactose
- lactose

Milk is sometimes found in the following:
- artificial butter flavor
- baked goods
- caramel candies
- chocolate
- lactic acid starter culture and other bacterial cultures
- luncheon meat, hot dogs, sausages
- margarine
- nata
- nondairy products
- nougat

How to Read a Label for a Soy-Free Diet

All FDA-regulated manufactured food products that contain soy as an ingredient are required by U.S. law to list the word "soy" on the product label.

Avoid foods that contain soy or any of these ingredients:
- edamame
- miso
- natto
- shoyu
- soy (soybean, soy lecithin, soy lecithin, soy lecithin)

Soy is sometimes found in the following:
- Asian cuisine
- vegetable broth

Keep the following in mind:
- The FDA exempts highly refined soybean oil from being labeled as an allergen. Studies show most allergic individuals can safely eat soy oil that has been highly refined (not cold pressed, expeller pressed, or extruded soybean oil).
- Most individuals allergic to soy can safely eat soy lecithin.
- Follow your doctor’s advice regarding these ingredients.

How to Read a Label for a Peanut-Free Diet

All FDA-regulated manufactured food products that contain peanut as an ingredient are required by U.S. law to list the word "peanut" on the product label.

Avoid foods that contain peanuts or any of these ingredients:
- artificial nuts
- beer nuts
- cold pressed, expeller pressed, or extruded peanut oil
- ground nuts
- mixed nuts

Peanut is sometimes found in the following:
- African, Asian (especially Chinese, Japanese, Korean, Thai, and Vietnamese), and Mexican dishes
- baked goods (e.g., pastries, cookies)
- candy (including chocolate candy)

Keep the following in mind:
- Peanut allergies are a significant concern.
- The FDA exempts highly refined peanut oil from being labeled as an allergen. Studies show that most allergic individuals can safely eat peanut oil that has been highly refined (not cold pressed, expeller pressed, or extruded peanut oil). Follow your doctor’s advice.

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How to Read a Label for a Wheat-Free Diet
All FDA-regulated manufactured food products that contain wheat as an ingredient are required by U.S. law to list the word “wheat” on the product label. The law defines any species in the genus *Triticum* as wheat.

Avoid foods that contain wheat or any of these ingredients:
- bread crumbs
- bulgur
- cereal extract
- club wheat
- couscous
- cracker meal
- durum
- emmer
- farina
- flour (all-purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat)
- hydrated wheat protein
- Kamut®

Wheat is sometimes found in the following:
- glucose syrup
- starch (gelatinized starch, modified starch, modified food starch, vegetable starch)
- soy sauce
- sunflower

How to Read a Label for a Shellfish-Free Diet
All FDA-regulated manufactured food products that contain a crustacean shellfish as an ingredient are required by U.S. law to list the specific crustacean shellfish on the product label.

Avoid foods that contain shellfish or any of these ingredients:
- barnacle
- lobster (langoustine, Moreton bay)
- crab
- crayfish (crawfish, bugs, scampi, tomalley)
- crayfish, aroevisa
- krill
- shrimp (crevette, scampi)

Shellfish are not considered major allergens under food labeling laws and may not be fully disclosed on a product label.

Your doctor may advise you to avoid mollusks or these ingredients:
- abalone
- clams (cherrystone, geoduck, littleneck, pismo, quahog)
- cockle
- cuttlefish
- limpet (topar, ophi)
- mussels
- octopus
- abalone
- clams (cherrystone, geoduck, littleneck, pismo, quahog)
- cockle
- cuttlefish
- limpet (topar, ophi)
- mussels
- octopus

How to Read a Label for an Egg-Free Diet
All FDA-regulated manufactured food products that contain egg as an ingredient are required by U.S. law to list the word “egg” on the product label.

Avoid foods that contain eggs or any of these ingredients:
- albumin (also spelled albumen)
- egg, dried, powdered, solids, white, yolks
- egg substitute
- lysozyme

Egg is sometimes found in the following:
- baked goods
- marzipan
- egg substitute
- marshmallows
- lecithin
- nougat
- macaroni
- pasta

How to Read a Label for a Tree Nut-Free Diet
All FDA-regulated manufactured food products that contain a tree nut as an ingredient are required by U.S. law to list the specific tree nut on the product label.

Avoid foods that contain nuts or any of these ingredients:
- almond
- artificial nuts
- beechnut
- Brazil nut
- butternut
- cashew
- chestnut
- chinapin
- coconut
- filbert/hazelnut
- ginkgo nut
- hickory Nut
- litchi/litcheye/lychee nut
- macadamia nut
- marzipan/almond paste

Tree nuts are sometimes found in the following:
- black walnut hull extract (flavoring)
- natural nut extract
- nut distillates-alcoholic extracts
- natural oil (e.g., walnut, almond oil)
- walnut hull extract (flavoring)

Keep the following in mind:
- Mortadella may contain pistachio.
- There is no evidence that coconut oil and shea nut oil/butter are allergenic.
- Many experts advise patients allergic to tree nuts to avoid peanuts as well.
- Talk to your doctor if you find other nuts not listed here.

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Appendix C

Signs and Symptoms of Allergic Reaction

1. Allergies can affect almost any part of the body and cause various symptoms. Anaphylaxis includes the most dangerous symptoms, including but not limited to: breathing difficulties, drop in blood pressure, and shock.

   Other signs of allergic reaction may include:
   - **Mouth:** itching, tingling, or swelling of the lips, tongue, or mouth
   - **Skin:** hives, itchy rash, and/or swelling of the face or extremities
   - **Gut:** nausea, abdominal cramps, vomiting, and/or diarrhea
   - **Throat:** itching and/or tightening, hoarseness, hacking cough
   - **Lung:** shortness of breath, repetitive coughing, and/or wheezing
   - **Heart:** weak or thready pulse, low blood pressure, fainting, pale, blueness

2. Symptoms may occur within a few seconds of exposure or up to two or more hours later. Approximately 20-30% of people having an allergic reaction will have a “rebound” reaction, meaning after the initial treatment, they are symptoms free for a period of time (up to 3 hours) then have a second, often more severe reaction.

3. Persons who have had previous whole body reactions (anaphylaxis) or who have asthma are at a higher risk of having a severe anaphylactic reaction.
Appendix D

Treatment of Allergic Reactions and Anaphylaxis

Anaphylaxis is a life-threatening allergic reaction that can occur within seconds or minutes following exposure to an allergen (food, insect sting, latex, medication). It is always considered a medical emergency, and must be treated immediately as it is a potentially fatal condition. Three considerations are given in the treatment of an allergic reaction:

- Symptom recognition
- Rapid administration of epinephrine
- Prompt notification of EMS and transport to an emergency room

Treatment of allergic reaction

1. Students with a Life-Threatening allergic reaction, potentially requiring the use of medication, will have an Allergy Action Plan updated annually at the start of each school year. In the event of exposure to allergen, or symptoms of an allergic reaction, individualized student Allergy Action Plan should be followed using prescribed student specific medication.

2. In the event of an anaphylactic reaction with not student specific plan and/or medication, the district will have standing orders for the administration of Epinephrine signed by the Medical Advisor. This medication is located in the health office. Refer to the Standing Order for instructions.

3. In the event that Epinephrine is administered at school, 911 will be called and the student should be transported via ambulance to a hospital. This is for the safety and the well-being of the student in the event of a “rebound” reaction.

Epi-Pen Administration Procedure

1. Obtain individual student Epi-pen injection kit, refer to individual care plan.
2. If Epi-pen is needed, delegate nearby staff to call 911 and parents
3. Remain calm, and reassure and inform student of assistance.
4. Remove clothing if possible, otherwise can give through pants.
   - Pull off blue safety cap.
   - Form fist around injector, keeping fingers away from orange tip.
   - Swing back slightly, and jab firmly into outer thigh.
   - Hold in place for at least 10 seconds. Massage area
   - Discard injector in sharps container or provided plastic case
   - Stay with student until EMS arrives.
   - Record event on health service log, and incident report.
5. Review school response to incident and arrange for replacement Epi-pen.
### Food Allergy Flow Chart

**For Activities**
All coaches and advisors will review the Health Concerns List. When students participating in activities are transported on a bus, the first 4 rows will be designated as allergen-free rows. The coach(s) and advisor(s) will not permit any students in the first 4 rows of the bus to eat any foods that contain allergens for participants as indicated on the Health Concerns List.

### Enrollment Form
- Must be completed by Parents at Registration

**Immediately sent to School Nurse**

**Nurse** – Examines for Severe, Minor or No Food Allergy

- **No Food Allergy**
  - Nurse facilitates completion with parents of:
    - Allergen Exposure Information Form
    - Allergy Action Plan
    - Special Dietary Statement

- **Severe Food Allergy**
  - Nurse facilitates review of Allergy Action Plan and Special Diet Statement with building administrator and Food Service Director.

- **Food Allergy – Not Severe**
  - Special Diet Statement completed by parent and submitted to Food Service Director. (May request form from Food Services.)

**Forms Available to Parents at Registration:**
- Student Health Concerns Brochure
- Special Diet Statement/Guidance
- Allergy Action Plan
- Allergen Exposure Information
- Medication Request/Consent

**Building Administrator**
Works with School Nurse to inform all appropriate staff and organize training, if needed.

**School Nurse**
- Notifies Transportation Director
- Informs appropriate transportation staff and organizes training, if needed.

**Food Service Director**
- Works with School Nurse and informs all appropriate food services staff and organizes training, if needed.

**Allergic Reaction Incident: Documented on:**
Medical Incident/Accident Report Form
Appendix F

Food Allergy Action Plan
Emergency Care Plan

Name: ___________________________ D.O.B.: ___ / ___ / ___

Allergy to: ___________________________

Weight: _______ lbs.  Asthma: □ Yes (higher risk for a severe reaction) □ No

Extremely reactive to the following foods: ___________________________

Therefore:
□ If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.
□ If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:
- LUNG: Short of breath, wheeze, repetitive cough
- HEART: Pale, blue, faint, weak pulse, dizzy, confused
- THROAT: Tight, hoarse, trouble breathing/swallowing
- MOUTH: Obstructive swelling (tongue and/or lips)
- SKIN: Many hives over body

Or combination of symptoms from different body areas:
- SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
- GUT: Vomiting, diarrhea, crampy pain

MILD SYMPTOMS ONLY:

- MOUTH: Itchy mouth
- SKIN: A few hives around mouth/face, mild itch
- GUT: Mild nausea/discomfort

Medications/Doses
Epinephrine (brand and dose): ____________
Antihistamine (brand and dose): ___________________________________________
Other (e.g., inhaler-bronchodilator if asthmatic): _____________________________

Monitoring
Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

Parent/Guardian Signature ___________________________ Date ____________
Physician/Healthcare Provider Signature ___________________________ Date ____________

TURN FORM OVER  Form provided courtesy of the Food Allergy & Anaphylaxis Network (www.foodallergy.org) 9/2011
## EpiPen Auto-Injector and EpiPen Jr Auto-Injector Directions

- First, remove the EpiPen Auto-Injector from the plastic carrying case.
- Pull off the blue safety release cap.
- Hold orange tip near outer thigh (always apply to thigh).
- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EpiPen Auto-Injector and massage the area for 10 more seconds.

---

## Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions

- Remove GREY caps labeled “4” and “2.”
- Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

---

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student’s physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

---

## Contacts

Call 911 (Rescue squad: (___) _______ ________)  
Doctor: ________________  
Parent/Guardian: ________________  
Phone: (___) _______ _________

Other Emergency Contacts

Name/Relationship: ________________  
Phone: (___) _______ _________

Name/Relationship: ________________  
Phone: (___) _______ _________

---

## Trained Staff Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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Form provided courtesy of the Food Allergy & Anaphylaxis Network (www.foodallergy.org) 9/2011
This Special Diet Statement is ONLY for a participant with a disability that affects diet. This form must be:
- Thoroughly completed and signed by a licensed physician.
- Submitted to the school before any meal modifications will be made in the United States Department of Agriculture Child Nutrition Programs.
- Updated whenever the participant’s diagnosis or special diet changes.

### PART 1: PARTICIPANT INFORMATION
**PARENT/GUARDIAN MUST COMPLETE. PLEASE PRINT**

<table>
<thead>
<tr>
<th>Participant’s Name:</th>
<th>Last / First / Middle Initial</th>
<th>Today’s Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of School Attending</td>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian Name:</td>
<td>Home Phone Number</td>
<td>Work/Cell Phone Number</td>
</tr>
<tr>
<td>Parent/Guardian Address</td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

**Meals or Snacks to be eaten at school: (Circle all that apply)**
- Breakfast
- Lunch
- Snack

**Parent/Guardian Signature**
**OR Adult Student Signature:** ___________________________ Date: ____________

**Note to Parent(s)/Guardian(s)/Participant:** You may authorize the school to clarify this Special Diet Statement with the physician by signing the Voluntary Authorization section at the end of this form.

### PART 2: PARTICIPANT STATUS
**LICENSED PHYSICIAN MUST COMPLETE. PLEASE PRINT.**

Participant has a disability and requires a special diet or food accommodation.

An individual with a disability is described under Section 504 of the Rehabilitation Act (1973) and the Americans with Disabilities Act (ADA) as a person who has a physical or mental impairment that substantially limits one or more major life activities.

Refer to the document titled *Special Diet Statement Guidance for definitions of “Disability” and “major life activities” which is included with this form.*

1. **Identify the participant’s disability:** ___________________________ and/or

   Identify food allergy that is life-threatening/anaphylactic (considered a disability): ______________________

2. **Identify the “major life activities” affected by the disability:** ___________________________

3. **Describe how the disability restricts the participant’s diet:** ___________________________

________________________
**PART 3: DIETARY ACCOMMODATION**

**FOODS TO BE OMITTED AN FOODS TO BE SUBSTITUTED / OTHER INSTRUCTIONS**

LICENSED PHYSICIAN MUST COMPLETE. PLEASE PRINT

List specific foods to be omitted and substituted. You may attach a sheet with additional information.

<table>
<thead>
<tr>
<th>FOODS TO BE OMITTED</th>
<th>FOODS TO BE SUBSTITUTED</th>
</tr>
</thead>
</table>

• **Texture Modification:** □ Pureed    □ Ground    □ Bite-sized pieces    □ Other (specify): ______

• **Tube Feeding:** Formula Name: __________________________________

  Administering Instructions: ______________________________________

  Oral Feeding: □ No    □ Yes If Yes, specify foods: _______________________

• **Other Dietary Modifications OR Additional Instructions (describe):**

  ________________________________________________________________

• **Infant Feeding Instructions (if applicable):**

  ________________________________________________________________

---

**SIGNATURE OF LICENSED PHYSICIAN. LICENSED PHYSICIAN MUST SIGN AND RETAIN A COPY DOCUMENT**

Licensed Physician Name/Credentials (print): ________________________________

Licensed Physician Signature: ____________________________________________ Date: ______

Clinic/Hospital Name: __________________________________________________

Office Phone: ___________________________ Office Fax: ___________________________
Note to Parent(s)/Guardian(s)/Participant: As stipulated in FNS Instruction 783, Rev. 2, Section V Cooperation: “When implementing the guidelines of this instruction, food service personnel should work closely with the parent(s)/guardian(s)/participant or responsible family member(s) and with all other medical and community personnel who are responsible for the health, well-being and education of a participant with a disability that affects the diet to ensure that reasonable accommodations are made to allow the individual’s participation in the meal service.

This voluntary authorization encourages such cooperation by allowing the following:

- After review of this Special Diet Statement, the school may need more information or clarification from the physician before it can provide the special diet. By signing this authorization you are permitting the school to discuss or clarify the diet order with the physician.
- Before any changes agreed to between the school and physician takes place, the parent(s)/guardian(s)/participant need to be informed.
- The changes agreed to will then be incorporated into an amended Special Diet Statement.
- If more information is needed but this authorization statement has not been signed, implementation of the special diet may be delayed.
- If authorization is signed, make a copy of this document before submitting it to the school.

This authorizes the licensed physician to discuss or clarify the diet order prescribed for __________________________

Participant’s Name

with the appropriate staff of the Waunakee Community School District.

This authorization will remain in effect until the diagnosis has changed or a new diet order is prescribed.

This authorization may be revoked at any time by submitting a request in writing to the physician who originally signed the Special Diet Statement.

I understand that specific information disclosed pursuant to this authorization may be subject to re-disclosure by the school and will no longer be protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule.

Parent/Guardian/Participant Signature: _______________________________ Date: __________
Appendix H

SPECIAL DIET STATEMENT GUIDANCE
(For a Licensed Physician)

DEFINITION OF A DISABILITY

The provisions requiring substitutions or modifications for persons with disabilities respond to the federal requirements under Section 504 of the Rehabilitation Act of 1973 and the regulations that implement that law (7 CFR 15b) which provide that no otherwise qualified individuals shall be excluded from participation in, be denied benefit of, or subject to discrimination under any program or activity receiving federal financial assistance, solely on the basis of their disability. Therefore, substitutions to the meal pattern or modification to a food item are required for those participants with disabilities who are unable to consume the regular program meals.

Definition of “handicapped person” from 7 CFR 15b.3:

The definition of “handicapped person” is provided in 7CFR 15b.3(i):

(i) “Handicapped person” means any person who has a physical or mental impairment which substantially limits one or more major life activities has a record of such impairment or is regarded as having such an impairment.

The parts of the definition of “handicapped person” shown in bold print are further defined in 7CFR 15b.3(j) through 15b.3(m).

(j) “Physical or mental impairment” means (1) any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; or (2) any mental or physiological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as othopedic, visual, speech and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; drug addiction and alcoholism.

(k) “Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

(l) “Has a record of such an impairment” means has a history of or has been misclassified as having a mental or physical impairment that substantially limits one or more major life activities.

(m) “Is regarded as having an impairment” means (1) has a physical or mental impairment that does not substantially limit major life activities, but that treated by a recipient as constituting such a limitation; (2) has a physical or mental impairment that substantially limits major life activities only as a result of the
attitudes of other towards such impairments; or (3) has none of the impairments defined in paragraph (j) of this section but is treated by a recipient as having such an impairment.

SPECIAL DIET STATEMENT (for a participant with a disability)

The determination of whether a participant has a disability and whether the disability restricts the participant’s diet is made by a licensed physician. The Special Diet Statement must identify:

1. The participant’s disability and an explanation of why the disability restricts the participant’s diet.
2. Which major life activities listed in 7 CFR 15b.3(k) (see above) are affected by the disability.
3. The food or foods to be omitted from the participant’s diet and the food OR choice of foods that must be substituted.

Note: if the disability requires caloric modifications or the substitution of a liquid nutritive formula, this information must also be included in the statement.

The Special Diet Statement does not need to be reviewed on a yearly basis, however, it must reflect the current dietary needs of the participant.

If a participant with a disability only requires a modification in food texture (such as chopped, ground or pureed foods), a physician’s written instructions indicating the appropriate food texture is recommended, but is not required. However, the school may apply stricter guidelines requesting that a Special Diet Statement be provided for modifications in texture. Unless otherwise specified by the physician, meals will consist only of food items and quantities that are normally provided in the regular menus.

FOOD ALLERGIES AND INTOLERANCES

Generally, a participant with a food allergy(ies) OR a food intolerance(s) is not considered to be a person with a disability. However, when in a physician’s assessment, the allergy to the food could result in a life-threatening (anaphylactic) reaction, the participant is considered to have a disability and food substitutions prescribed by the physician must be provided.
Appendix I

Sample Food Allergy Snack Letter

Date:

Dear Parents of children in ____________________________ class.

One or more children in this classroom have a severe allergy to INSERT ALLERGEN.

Strict avoidance is the only way to prevent an allergic reaction. The allergy can be life threatening. We need your help to provide the safest learning environment so as to allow this student to participate fully in all class activities.

Please follow these procedures:
- Do not send any items to school containing INSERT ALLERGEN.
- Do not send containers that have had INSERT ALLERGEN in them to school.
- Do not send birthday treats or party snacks that contain INSERT ALLERGEN.
- Please have your child wash hands thoroughly before school if they have handled INSERT ALLERGEN at home.

Note: This does not mean that your own child can’t pack this item in their school lunch.

If you have any questions regarding this letter, please contact the school nurse by calling the school office INSERT PHONE NUMBER

Sincerely,

(INSERT NAME)
School Nurse
Appendix J

Letter to Parent of Student with Life Threatening Allergies

Dear Parent/Guardian:

The Waunakee Community School District is committed to the daily management of students in our district with identified life threatening allergies. The increasing prevalence of these allergies poses unique challenges for students and staff in the school setting. The primary goal of health services is to support the individual student in avoidance and reduction of the risk of accidental exposure to the offending allergen. Allergy Action Plans and district guidelines have been developed to address the various responsibilities that school district staff is asked to follow in order to prevent accidental exposures and therefore we ask parents to assist the school by following these important guidelines:

In General:
1. Inform the building nurse in writing of your child’s allergies prior to the start of school. Participate in developing an Allergy Action Plan.
2. Provide medication, orders and signatures from parent and licensed health care provider at the start of each school year.
3. Provide up-to-date Epi-pens and other necessary medication.
4. Provide annual updates on your child’s allergy status, including discontinuation of concern for the allergic condition.
5. Consider providing a medic alert bracelet for your child.
6. Introduce your child to the bus driver if appropriate and explain allergy.
7. Teach your child to recognize safe and unsafe food items, and advise them not to share snacks, lunches, or drinks with others.
8. Advise your child to report any symptoms of an allergic reaction to their teacher and/or supervising adult immediately.

Food at School: ****** IMPORTANT*******
1. Please provide a supply of safe snacks for your child to eat in the classroom daily, labeled with their name on it. An alternative to this method is to preview the classroom snack supply and label it OK for your child to eat. Home baked goods brought in will not be shared with your child unless prior approval with the teacher is obtained. If your child has an Epi-pen for this allergy, this procedure must be followed, as teachers will not be responsible for determining safe ingredients for your child at snack time.
2. Preview the monthly lunch menu to determine safe school lunch choices or provide daily cold lunches for your child.

Please contact the school nurse if you have any questions at the building your child attends.
Appendix K

DAIRY AND PEANUT FREE SNACK CHOICES

Crackers:
- Keebler Grahams – Original, Honey, Cinnamon, Bug Bites, Scooby-Doo Sticks
- Shurfine Graham Crackers – Cinnamon, Honey
- Roundy’s Graham Crackers – Honey
- Honey Maid Graham Crackers – Honey, Cinnamon, Original
- Nabisco Animal Crackers
- Saltine Crackers (Nabisco, Sunshine, Shurfine, Roundy’s)
- Wheat Thins – Original, Reduced Fat, Lightly Cinnamon, Multigrain
- Keebler Wheatables – Golden Wheat, Reduced Fat Golden Wheat, Honey Wheat
- Teddy Grahams – Regular, Honey, Chocolate, Oatmeal, Chocolate Chip
- Triscuit – Original, Thin Crisps, Rye, Garden Herb, Reduced Fat Original
- Ritz Crackers – Original, Reduced Fat, Reduced Sodium, Dinosaur shaped
- Roundy’s Light and Crispy Snack Crackers – Original, Reduced Fat

Chips:
- Tostitos
- Fritos – Original, Scoops
- Pringles – Original, BBQ, Salt and Vinegar, Reduced Fat Original
- Pretzels – Roundy’s, Jay’s (non-butter flavored), Rold-Gold Classic, Rold-Gold Honey Mustard

Pop-Tarts:
- Kellogg’s – Cinnamon Sugar, Strawberry, Frosted Strawberry, Blueberry, Cherry, Apple Streudel, Raspberry, Wild Berry, Double Berry
- Roundy’s – Strawberry, Blueberry, Brown Sugar and Cinnamon, Cherry

Fruit/Vegetable Snacks:
- Fresh Fruit
- Fresh Vegetables
- Juices
- Jell-O
- Raisins
  - Dole Fruit Bowls (non Parfaits)
  - Del Monte Fruit Bowls
  - Fruit Snacks, Fruit Roll-ups
  - Applesauce
  - Craisins

Frozen Snacks:
- Roundy’s Junior Pop Popsicles
- Popsicle Brand – Orange-Cherry-Grape
- Luigi’s Real Italian Ice (lemon, cherry)
  - Kemp’s All American Popsicles
  - Popsicle Brand – Scribbles
  - Del Monte Fruit Chillers Fruit Sorbet

Miscellaneous:
- Marshmallows
  - Bagel’s Forever Bagels with Jelly

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Do not bring food into peanut free classroom that says “May contain traces of peanuts or tree nuts” or produced in a facility that manufactures peanuts or tree nuts”. This list is meant as a guide to reduce the amount of exposure to allergenic food brought into a classroom that has allergic students in it. Please read labels as product ingredients may change on some foods. Teachers should always have allergic student eat their own snack food if choice of selection not a safe alternative.
Resources

Food Allergy and Anaphylaxis Network  www.foodallergy.org

Liberty Public School District; Liberty, Missouri  “Food Allergy Policy & Guidelines”

Massachusetts Department of Education  “Managing Life Threatening Food Allergies in Schools”

Middleton-Cross Plains Area School District; Middleton, Wisconsin


School District of McFarland; McFarland, Wisconsin

School District of Wisconsin Dells; Wisconsin Dells, Wisconsin

Sun Prairie Area School District; Sun Prairie, Wisconsin

Wisconsin Department of Public Instruction; School Nursing and Health Services  Anaphylaxis document