North Rockland Central School District
65 Chapel Street, Garnerville, NY 10923 Health Services

FOOD ALLERGY PACKET

Date: _____

Dear Parent/Guardian of _____,

The Food Allergy & Anaphylaxis Network states: "Most individuals who have had a reaction ate a food they *thought* was safe." It also states that "There is no cure for food allergy. Strict avoidance of the allergy causing food is the only way to prevent a reaction." This philosophy of avoiding the allergen is the basis for the food allergy guidelines the district has in place. All of this effort is to make sure your child is in a safe and caring environment.

Due to your child's allergy to a food product, the school should have a Food Allergy Action Plan on file. This plan must be reviewed and updated on a **yearly** basis. **Please have your child's Health Care Practitioner complete the attached form. You must also sign the appropriate area and you must attach a small picture of your child to the top right area of the form for our records.**

We encourage you to return the completed forms and ordered medication(s) to school as soon as possible to ensure your child is able to eat safely while in school. Having the appropriate medication in school is extremely important in case your child accidentally eats a food containing the offending allergen.

Throughout the year even when the Food Allergy Action Plan is in place, your child must bring all snacks and goodies from home. You can send in a supply of non-perishable snack items to be kept for your child either in the classroom or in the health office. When there is a party in the classroom, your child will not feel left out. **The district can not take responsibility for the ingredients in snacks not provided by the school or baked or made in a classmate's hom**e.

It is very important that you speak to your child *often* about the dangers of sharing food at school! Remind them that other students may not be aware of their food allergy, and may offer to share their food not realizing the potential danger. Teach them to read food labels, and to avoid eating any foods whose ingredients are unknown.

If you have any questions, you can reach me at_____.

Thank you for your prompt attention to this matter.

Sincerely,

_____
School Nurse

HS- 43 (revised 11/22)

North Rockland Central School District
65 Chapel Street, Garnerville, NY 10923 **Health Services**

PAQUETE DE ALERGIA ALIMENTARIA

Fecha: _____

Estimado padre/tutor de _____,

La Food Allergy & Anaphylaxis Network afirma: "La mayoría de las personas que han tenido una reacción comieron un alimento que pensaron que era seguro". También establece que "No hay cura para la alergia alimentaria. Evitar estrictamente el alimento que causa la alergia es la única manera de prevenir una reacción". Esta filosofía de evitar el alérgeno es la base de las pautas de alergia alimentaria que tiene el distrito. Todo este esfuerzo es para asegurarse de que su hijo esté en un entorno seguro y afectuoso.

Debido a la alergia de su hijo a un producto alimenticio, la escuela tiene o debería tener un Plan de acción para alergias alimentarias archivado. Este plan debe ser revisado y actualizado anualmente. **Pídale al médico de su hijo que complete el formulario adjunto. También debe firmar en el área correspondiente y debe adjuntar una foto pequeña de su hijo en el área superior derecha del formulario para nuestros registros.**

Lo alentamos a que devuelva los formularios completos y los medicamentos ordenados a la escuela lo antes posible para asegurarse de que su hijo pueda comer de manera segura mientras está en la escuela**.** Tener la medicación adecuada en la escuela es extremadamente importante en caso de que su hijo ingiera accidentalmente un alimento que contenga el alérgeno causante.

A lo largo del año, incluso cuando se implemente el Plan de acción para alergias alimentarias, su hijo debe traer todos los refrigerios y golosinas de casa. Puede enviar un suministro de refrigerios no perecederos para que los guarde su hijo en el salón de clases o en la oficina de salud. Cuando haya una fiesta en el salón de clases, su hijo no se sentirá excluido. **El distrito no puede responsabilizarse por los ingredientes de los refrigerios no proporcionados por la escuela o horneados o hechos en casa de un compañero de clase.**

¡Es muy importante que le hable *con frecuencia* a su hijo sobre los peligros de compartir la comida en la escuela! Recuérdeles que otros estudiantes pueden no ser conscientes de su alergia alimentaria y pueden ofrecerse a compartir su comida sin darse cuenta del peligro potencial. Enséñeles a leer las etiquetas de los alimentos y a evitar comer cualquier alimento cuyos ingredientes desconozcan.

Si tiene alguna pregunta, puede comunicarse conmigo al _____.

Gracias por su pronta atención a este asunto.

Sinceramente,

_____
Enfermera de la escuela

INSERT IMAGE HERE

FOOD ALLERGY ACTION PLAN

Student: _____Grade: _____ School Nurse: _____Phone:_____

Asthmatic: ❑ Yes ❑ No (increased risk for severe reaction) Allergen(s): _____

Mother: _____Home #: _____ Work #: _____ Cell #: _____

Father: _____Home #: _____ Work #: _____ Cell #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

CALL THE SCHOOL NURSE. CALL PARENT/GUARDIAN IF OFF SCHOOL GROUNDS.
IF INGESTION OR SUSPECTED INGESTION OF ALLERGEN OCCURS, SYMPTOMS ARE PRESENT AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911.
IF YOUR CHILD'S ALLERGY STATUS CHANGES IN ANY WAY, NOTIFY SCHOOL NURSE IMMEDIATELY

SYMPTOMS OF REACTION MAY INCLUDE:

- **MOUTH** Itching & swelling of lips, tongue or mouth, mouth "feels hot"
- **THROAT** Itching, tightness in throat, hoarseness, cough
- **SKIN** Hives, itchy rash, swelling of face and extremities
- **STOMACH** Nausea, abdominal cramps, vomiting, diarrhea
- **LUNG** Shortness of breath, repetitive cough, wheezing
- **HEART** Weak pulse, pale, blueness

GIVE MEDICATION CHECKED BY HCP

__ Epinephrine __ Antihistamine
__ Epinephrine __ Antihistamine
__ Epinephrine __ Antihistamine
__ Epinephrine __ Antihistamine
__ Epinephrine __ Antihistamine
__ Epinephrine __ Antihistamine

HCP Epinephrine Order: _____

Antihistamine Order: _____

Should the student sit at a peanut free table? _____

STAFF MEMBERS INSTRUCTED: ❑ Classroom/ Special Area Teacher(s) ❑ Cafeteria/ Food Service Director
❑ Administration ❑ Support Staff ❑ Transportation Staff

Treatment should be initiated ❑ with symptoms ❑ without waiting for symptoms

Epinephrine provides a 20 minute response window. After epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response. Students receiving epinephrine should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

****Students may purchase items from the cafeteria that are deemed acceptable by the Director of Food Services.**

****If not purchased in the cafeteria, students must bring in all snacks from home for class parties and school events.**

Healthcare Provider Signature: _____ Phone: _____

Parent/Guardian Signature:_____