WARRIOR RUN SCHOOL DISTRICT

4800 Susquehanna Trail, Turbotville, PA 17772 · 570-649-5138 · Website: www.wrsd.org

Dear Parent (s) / Guardian (s):

Enclosed is a School Food Allergy Management Plan. Please take a few minutes to complete this important form. This plan is to ensure your child receives the best care possible while he/she is in school.

In the event that a parent would request that their child be allowed to carry an epi-pen at school, please be aware of the school policy: *"Requests to carry and self-administer medication, such as an epi-pen, must be accompanied by a licensed person's written order stating such, a parent's written request, and demonstration of the child proving competence to self-medicate. The child shall notify the nurse whenever the medication is used. The school is not responsible for ensuring that the medication is taken. Misuse of medications that are self-administered will result in immediate confiscation of the medication, loss of this privilege, and disciplinary action as outlined in the drug policy."*

Please return the enclosed form to the nurse's office as soon as possible. A parent's input on their child's health is important. Thank you for your time and assistance.

Sincerely,

Health Room Nurses

Enclosure

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FOOD ALLERGY ALERT
HEALTH CARE PLAN

Student Name_____Grade _____

Allergic to what food(s)? _____

What happens when this food is eaten?_____

If an epi-pen is carried for this allergy or if special dietary accommodations are required, please contact the Warrior Run Food Service Coordinator at 649-5166, ext. 5013.

FIRST AID CARE

1. **Determine exposure**
2. **Assess Reaction (see below)**
3. **Give Benadryl 25mg (liquid form > 2 teaspoons = 10 mL = 25mg) as ordered**
4. **Notify parent/ guardian or alternate as listed below on call chain**
5. **Monitor for severe symptoms**
6. **Take pulse and document**
7. **Give Epipen if indicated as directed/ordered and call EMS >> 911.**
8. **Continue to monitor until EMS arrives**

MILD/MODERATE Allergic Reaction-

- Swelling/Itching/Redness at site
- Generalized Itching/Warmth
- Red Palms
- Rapid Pulse
- Hives
- Restless/Anxious

SEVERE Allergic Reaction - * A severe allergy can lead to shock in 10 minutes or less*

- Difficulty Breathing
- Difficulty Swallowing
- Swelling of face/throat/mouth

Healthcare Practitioner Order:

Medication: Benadryl Dose:_____Time:_____
Medication: Epipen Dose: _____Time:_____

Is this student able to carry and self-administer their own epi-pen? _____Yes _____No

Physician's signature (required in order to administer or carry epipen)_____
(Date)_____

Call Chain
Emergency Contact #1:_____
Emergency Contact #2:_____
*This form is accurate and complete to best of my knowledge
*This information may be shared with school staff and bus driver(s).

Parent Signature: _____ **Date**_____

Warrior Run Jr/Sr High School
4800 Susquehanna Trail
Turbotville, PA 17772

Warrior Run Elementary School
244 Warrior Run Boulevard
Turbotville, PA 17772