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

Warrior Run Jr/Sr High School 4800 Susquehanna Trail Turbotville, PA 17772 Warrior Run Elementary School 244 Warrior Run Boulevard Turbotville, PA 17772

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FOOD ALLERGY ALERT HEALTH CARE PLAN

Student NameGrade
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
 Determine exposure Assess Reaction (see below) Give Benadryl 25mg (liquid form > 2 teaspoons = 10 mL = 25mg) as ordered Notify parent/ guardian or alternate as listed below on call chain Monitor for severe symptoms Take pulse and document Give Epipen if indicated as directed/ordered and call EMS >> 911. 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:
Is this student able to carry and self-administer their own epi-pen?YesNo
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

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