

# Mount Prospect School District 57



## Food Allergy Management Procedures

Updated April 2022

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## Foreword

The State Board of Education, in conjunction with the Department of Public Health, developed the “Guidelines for Managing Life-Threatening Food Allergies in Illinois Schools”. in July 2010 to address the education and training for school personnel, procedures for responding to life-threatening allergic reactions to food, a process for the implementation of an Emergency Action Plan (EAP), an individualized health care plan (IHCP) and/or a 504 Plan for students with life-threatening food allergies, and protocols to prevent exposure to food allergens.

This document was developed in collaboration with the following group of participants:

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## Introduction

A goal of Mount Prospect School District 57 is to provide a safe environment for all children. Students with life-threatening allergies may require certain safeguards in order to be safe in school. These Procedures establish the District's protocols to promote the prevention and management of life-threatening allergies. It addresses the identification of individual needs, staff awareness, necessary curricular and procedural modifications, and emergency plans.

Protecting students with life-threatening allergies is the shared responsibility of families, schools, and the community. Mount Prospect School District 57 cannot create or ensure an all allergen-free environment. That said, these Procedures address the needs of students with life-threatening allergies and when implemented will reduce the risks associated with exposure.

Every food-allergic reaction has the possibility of developing into a life-threatening and potentially fatal anaphylactic reaction. This can occur within minutes of exposure to the allergen.

(Sampson, HA, "Food Allergy", from Biology Toward Therapy, Hospital Practice.)

# Food Allergies

## Allergic Reaction Characteristics

Allergic reactions to foods vary and can range from mild to severe, life-threatening reactions. Bee/insect stings, as well as medications and latex, also have the potential of causing life-threatening reactions. (Appendix A)

During an allergic reaction to a specific food, the immune system recognizes a specific food protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators, such as histamine. Ingestion of the food allergen is the principal route of exposure leading to allergic reaction. The symptoms of a food-allergic reaction are specific to each individual. Even a trace amount of food can, in some instances, quickly lead to fatal reactions. Research indicates that exposure to food allergens by touch or inhalation is unlikely to cause a life-threatening reaction. However, if children touch the allergen and then place their fingers in or near their nose or mouth, the allergen could become ingested and could cause a life-threatening reaction.

Allergies can affect almost any part of the body and cause various symptoms. Anaphylaxis involves the most dangerous symptoms including but not limited to: breathing difficulties, a drop in blood pressure, or shock, which are potentially fatal. Common signs and symptoms of allergic/anaphylactic reactions may include:

- Hives
- Itching (of any part of body)
- Runny nose
- Vomiting
- Diarrhea
- Stomach cramps
- Change of voice/hoarseness
- Coughing
- Wheezing
- Throat tightness or closing
- Swelling (of any body parts)
- Red, watery eyes
- Difficulty swallowing
- Difficulty breathing
- Sense of doom

A child may be unable to describe their reaction the way an adult might expect.

Here are a few ways children might express or state their allergic reaction.

- Exhibit screaming or crying.
- Very young children will put their hands in their mouths or pull at their tongues.
- “This food’s too spicy. It burns my mouth (or lips).”
- “There’s something stuck in my throat.”
- “My tongue and throat feel thick.”
- “My mouth feels funny. I feel funny (or sick).”

When the symptoms are rapid in onset and severe, the medical diagnosis is anaphylaxis. With anaphylaxis, there is always the risk of death. Death could be immediate or may happen two to four hours later due to a late phase reaction. The most dangerous symptoms include breathing difficulties and a drop in blood pressure leading to shock. It is imperative that following the administration of epinephrine, the student be transported by emergency medical services (EMS) to the nearest hospital emergency department even if symptoms have been resolved. A single dose from an epinephrine auto-injector may provide a 10-15 minute (or less) window of relief. A second dose of epinephrine may be required if symptoms do not lessen or if medical help does not arrive quickly. A large multicenter study recently published showed that 12% of children requiring epinephrine for a life-threatening reaction to food required a second dose.

Anaphylaxis appears to be much more likely among children who have already experienced an anaphylactic reaction. Anaphylaxis does not require the presence of any skin symptoms, such as itching or hives. In many fatal reactions, the initial symptoms of anaphylaxis were mistaken for asthma. When in doubt, it is important to give the student epinephrine auto-injector and seek medical attention. Fatalities have been associated with delay in epinephrine administration.

### **Importance of Prevention**

School is a high-risk setting for accidental exposure to a food allergen. School district procedures must be in place at school to address allergy issues during a variety of activities such as classroom projects, crafts, field trips, and before-/after-school activities. Such activities can take place in classrooms, food service/cafeteria locations, outdoor activity areas, buses, and other instructional areas.

The importance of reading through an Emergency Action Plan (EAP), an Individual Health Care Plan (IHCP), and/or a 504 Plan for a student with food allergies cannot be stressed enough. These documents help all school personnel understand the accommodations necessary to keep that specific student safe.

Some high-risk situations for a student with food allergies include:

- Cafeteria
- Hidden ingredients
- Arts and crafts projects
- Science projects
- Bus transportation
- Fundraisers
- Bake sales
- Parties and holiday celebrations
- Field trips
- Food/beverages brought into classroom by teachers/parents
- Goodie bags sent home with children
- Substitute teaching staff being unaware of the food-allergic student

Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. Most anaphylactic reactions occur when a child is accidentally exposed to a substance to which he/she is allergic, such as foods, medicines, insects, and latex.

**Avoidance is the key to preventing a reaction.**

### **Cross-Contamination, Cleaning, and Sanitation**

District 57 contracts its food preparation services. The contracted organization will abide by all applicable laws and regulations related to cross-contamination, cleaning, and sanitation.

### **Documentation**

It is important for a school to gather the appropriate health information to help a student with food allergies. The correct medical information will assist school personnel in establishing necessary precautions for reducing the risk of a food-allergic reaction and will aid in the creation of an appropriate emergency procedure that will be utilized for staff education.

These documents have been created by a collaboration of school staff and parents/guardians. The following forms have been recommended to assist the school in the management of food allergies. Schools are encouraged to use these forms verbatim and have permission to reproduce or modify them.

- [Emergency Action Plan \(EAP\) \(Standard form for the State of Illinois, Appendix B-1\)](#)
- [Individual Health Care Plan \(IHCP\)\(Appendix B-2\)](#)
- [504 Plan \(Appendix B-3\)](#)
- [Allergy History Form \(Appendix B-3\)](#)
- [Nut-free Table Waiver \(Appendix B-5\)](#)

The most important way to prevent a life-threatening reaction is to protect a student from exposure to offending allergens.

# **Creating a Safer Environment for Students with Food Allergies**

## **Emergency Action Plans (EAP)(Appendix B-1)**

The Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form must be completed by a licensed health care provider. It requires the signature from the parent/guardian of the student with food allergies.

## **Individual Health Care Plan (IHCP) (Appendix B-2)**

Regardless of whether the student meets the qualifications for a 504 Plan, a representative of the school must communicate with the parent/guardian to develop an Individual Health Care Plan (IHCP) to create strategies for management of the student's food allergy.

An IHCP indicates, in writing, what the school will do to accommodate the individual needs of a student with a food allergy. Prior to entry into school (or immediately after the diagnosis of an allergic condition), the student's parent/guardian must meet with a representative of the school to develop an IHCP. The EAP details specific steps staff must take in the event of an allergic reaction.

The IHCP should include, but not be limited to, risk reduction and emergency response during the school day, while traveling to and from school, during school-funded events, and while on field trips. The IHCP shall be signed by the parent/guardian, and nurse/Designated School Personnel (DSP).

## **504 Plans(Appendix B-3)**

The 504 Coordinator is responsible for developing and overseeing 504 Plans. Prior to entry into school (or, for a student who is already in school, immediately after the diagnosis of a food-allergic condition), the school district's 504 Coordinator must determine, in consultation with the 504 Plan team, whether the student has a qualifying disability under Section 504 by gathering the necessary information from the student, the student's parents/guardians, and medical professionals.

If the student qualifies, the school will convene a 504 Plan team meeting to prepare and implement an individualized 504 Plan, to ensure that appropriate supports and services to address the student's individual needs are provided. A student's individual 504 Plan may require the school to take additional precautions and accommodations than are required by the food allergy policies developed by the school district.

## **Developing 504 Plan or Individual Health Care Plan (IHCP)**

When a school receives notice that a student has a life-threatening food allergy, it will gather documents, information, and medications from the parent/guardian of the student in order to develop and implement the 504 Plan or the IHCP.

A multi-disciplinary team will develop the student's 504 Plan and/or an Individual Health Care Plan (IHCP).

## General Guidelines

The following are practices followed by District 57:

- Address life-threatening allergic reaction prevention in all classrooms, food service/cafeteria, classroom projects, crafts, outdoor activity areas, on school buses, during field trips, before- and after-school activities, and in all instructional areas.
- Adapt curriculum, awards, rewards, or prizes by substituting allergen-free food or non-food item(s) in rooms where students having an Emergency Action Plan (EAP) are or may be present.
- Limit food-related to fundraising and PTO functions to the cafeteria or other designated areas. Incorporate non-allergenic foods or non-food items. (Appendix G)
- Establish cleaning procedures for common areas (i.e., libraries, computer labs, music, art room, hallways, etc.).
- Avoid the use of food products as displays or components of displays in hallways.
- Develop protocols for appropriate cleaning methods following events held at the school which involve food.
- Determine who should be familiar with the student's 504 Plan and/or IHCP.
- Teach all faculty and staff about the signs and symptoms of possible anaphylaxis (see District 57 Anaphylaxis Response Policy). This training should include:
  - How to recognize symptoms of an allergic reaction.
  - Review of high-risk areas.
  - Steps to take to prevent exposure to allergens.
  - How to respond to an emergency.
  - How to administer an epinephrine auto-injector.
  - How to respond to a student with a known allergy as well as a student with a previously unknown allergy.
- Review the medical emergency response procedures annually.

### Specific Guidelines for Different School Roles

The guidelines/checklists are grouped into eight major categories:

- Nurse/Designated School Personnel (DSP)
- Parent
- Student
- Teacher
- Administration
- Custodians
- Outside Classroom Activities
- Transportation

When in doubt, it is important to give the epinephrine auto-injector and seek medical attention.

Fatalities occur when epinephrine is delayed or withheld.

## Nurse/Designated School Personnel (DSP) Guidelines

When it comes to the school care of students with food allergies, nurses/DSP may carry the largest responsibility. Nurses/DSPs are asked to assist the school team in both prevention and emergency care of students with food allergies and reactions. Nurses/DSPs are encouraged to foster independence on the part of students, based on their developmental level. To achieve this goal, nurses/DSPs are asked to consider these guidelines when developing an Individual Health Care Plan (IHCP) or 504 Plan for a student with a food allergy.

### Nurse/Designated School Personnel (DSP) Checklist

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Schedule a meeting including student's teacher(s) and the student's parent/guardian to develop the 504 Plan and/or Individual Health Care Plan (IHCP) for the student.                                                                                                                                                                                                                                                                                                                       |
|  | Document State of Illinois' Emergency Action Plan (EAP) (Appendix B-1), the student's IHCP and/or the student's 504 Plan. Distribute final copies as needed.                                                                                                                                                                                                                                                                                                                                 |
|  | Ensure that administrators know the location of medication and EAP (Appendix B-1).                                                                                                                                                                                                                                                                                                                                                                                                           |
|  | Ensure epinephrine auto-injectors and antihistamines are stored in a secure, unlocked designated area. Track medications for expiration dates and arrange for them to be current.                                                                                                                                                                                                                                                                                                            |
|  | Disseminate relevant health concerns, EAP, IHCP and/or 504 Plans to appropriate staff.                                                                                                                                                                                                                                                                                                                                                                                                       |
|  | Ensure student with suspected allergic reactions is accompanied by an adult at all times.                                                                                                                                                                                                                                                                                                                                                                                                    |
|  | Establish a contingency plan in the case of a substitute nurse/DSP.                                                                                                                                                                                                                                                                                                                                                                                                                          |
|  | Educate and inform students and their parents, teachers, aides, and substitutes about how to prevent, recognize and respond to food allergy reactions. Avoid endangering, isolating, stigmatizing, or harassing students with food allergies. Be aware of how the student with food allergies is being treated and enforce school rules about bullying and threats. (Sample Classroom Letter to Parent/Guardian – Appendix B-5, Bullying – Appendix C-2, Additional Resources - Appendix I). |
|  | Ensure that medical information for student having a reaction is sent with Emergency Medical Service (EMS).                                                                                                                                                                                                                                                                                                                                                                                  |
|  | Assist in the identification of a "nut-free" eating area in the classroom and/or cafeteria.                                                                                                                                                                                                                                                                                                                                                                                                  |
|  | Notifying transportation company of students with known allergies.                                                                                                                                                                                                                                                                                                                                                                                                                           |

### Return to School After an Allergic Reaction

Students who have experienced an allergic reaction at school may need special consideration upon their return to school. The approach taken by the school is dependent upon the severity of the reaction, the student's age and whether their classmates witnessed it. A mild reaction may need little or no intervention other than speaking with the student and parents, and re-examining the student's Emergency Action Plan (EAP)(Appendix B-1), the Individual Health Care Plan (IHCP)(Appendix B-2) and/or 504 Plan(Appendix B-3).

### Return to School After an Allergic Reaction Checklist

|  |                                                                                                                 |
|--|-----------------------------------------------------------------------------------------------------------------|
|  | Obtain as much accurate information as possible about the allergic reaction. Helpful information might include: |
|--|-----------------------------------------------------------------------------------------------------------------|

|  |                                                                                                                                                                                                                                                                                                                            |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <ul style="list-style-type: none"> <li>• Items ingested (food drink, OTC medications or Rx medications)</li> <li>• Any insect stings or bite</li> <li>• Timing from ingestion to symptoms</li> <li>• Type of symptoms</li> <li>• Exercise involved</li> <li>• Time and response of medications that were given.</li> </ul> |
|  | Identify those who were involved in the medical intervention and those who witnessed the event.                                                                                                                                                                                                                            |
|  | Meet with the staff or parent/guardian to discuss what was seen and dispel any rumors, if needed.                                                                                                                                                                                                                          |
|  | Provide factual information. Discuss information with the parents to be provided to the school community, if needed.                                                                                                                                                                                                       |
|  | If an allergic reaction is thought to be from a food provided by the school food service, request assistance from the Food Service Director to ascertain what potential food item was served/consumed. Review food labels from the Food Service Director and staff.                                                        |
|  | Agree on a plan to disseminate factual information to and review knowledge about food allergies with schoolmates who witnessed, or were involved in the allergic reaction, after both the parent/guardian and the student consent, if needed.                                                                              |
|  | Review the Emergency Action Plan (EAP) (Appendix B-1), Individual Health Care Plan (IHCP) and/or 504 Plan. Amend the student's EAP, IHCP and/or 504 Plan to address any changes that need to be made. If a student does not have an EAP, IHCP and/or 504 Plan, then consider initiating one.                               |
|  | Review what changes need to be made to prevent another reaction; do not assign blame.                                                                                                                                                                                                                                      |

### **Special Consideration for the Student**

The student and parent/guardian shall meet with the nurse/DSP/staff that were involved in the allergic reaction to be reassured about the student's safety and to review and amend the EAP (Appendix B-1), the IHCP (Appendix B-2), and/or 504 Plan (Appendix B-3) as needed. If a student demonstrates anxiety about returning to school, check in with the student on a daily basis until their anxiety is alleviated. If a student has a prolonged emotional response to an allergic reaction, social and emotional support may be required. Collaboration with the student's medical provider is required to address any medication changes.

### **Food Allergic Students without an EAP, IHCP or 504 Plan**

Once a school learns that a student has food allergies and does not have an EAP, IHCP or 504 Plan, school officials must discuss the student's individual needs with the student's parents/ guardians and put an appropriate management plan in place according to the school district's policy.

If the student's parent/guardian refuses to cooperate with the school for an evaluation and implementation of an appropriate management plan (EAP/IHCP/504 Plan), then best practices call for the school to implement a simple EAP stating to call 911 immediately upon recognition of any symptoms along with sending written notification to the parent/guardian of the student's EAP.

## Parent/Guardian Guidelines

Parents/Guardians are their children's first teachers. It is important for Parents/Guardians to age-appropriately educate their student with food allergies as well as communicate information received from the student with food allergies's doctors, etc. Preparing, role-playing and practicing procedures in advance will help everyone feel prepared in case of an emergency.

### Parent/Guardian of Children with Food Allergies Checklist

|  |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Inform the nurse/Designated School Personnel (DSP) of your child's allergies prior to the beginning of the school year (or as soon as possible after a diagnosis).                                                                                                                                                                                                                                            |
|  | Complete and return completed the Emergency Action Plan (EAP) (Appendix B-1)                                                                                                                                                                                                                                                                                                                                  |
|  | Participate in team meetings and communicate with all staff members, including nurse/DSP, who will be in contact with the child (preferably before the beginning of the school year) to: <ul style="list-style-type: none"><li>● Discuss development and implementation of EAP, IHCP or 504 Plan.</li><li>● Establish prevention plan.</li><li>● As needed review prevention and EAP with the team.</li></ul> |
|  | Decide if additional antihistamine and epinephrine auto-injectors will be kept in the school, aside from the one in the nurse's office or designated area, and if so, where.                                                                                                                                                                                                                                  |
|  | Provide the school with up-to-date epinephrine auto-injectors.                                                                                                                                                                                                                                                                                                                                                |
|  | Provide a list of foods and ingredients to avoid.                                                                                                                                                                                                                                                                                                                                                             |
|  | Consider providing a medical alert bracelet for your child.                                                                                                                                                                                                                                                                                                                                                   |
|  | Provide the nurse/DSP with the licensed medical provider's statement if student no longer has allergies.                                                                                                                                                                                                                                                                                                      |
|  | Be willing to go on your child's field trips or participate in class parties or events, if possible and if requested.                                                                                                                                                                                                                                                                                         |
|  | Review emergency procedures requirements for child with the transportation company, if needed.                                                                                                                                                                                                                                                                                                                |

### Periodically teach your child to:

|  |                                                                                                                                                                            |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Recognize the first symptoms of an allergic/anaphylactic reaction.                                                                                                         |
|  | Know where the epinephrine auto-injector is kept and who has access to the epinephrine.                                                                                    |
|  | Communicate clearly as soon as he/she feels a reaction is starting.                                                                                                        |
|  | Carry his/her own epinephrine auto-injector when appropriate.                                                                                                              |
|  | Avoid sharing or trading snacks, lunches, or drinks.                                                                                                                       |
|  | Understand the importance of hand-washing before and after eating.                                                                                                         |
|  | Report teasing, bullying and threats to an adult authority.                                                                                                                |
|  | Request ingredient information for any food offered. If food is not labeled or if the child is unsure of the ingredients, the child should decline the food being offered. |

## Students with Food Allergies

The student with food allergies is the most important member of the safety team. The student having age appropriate education should be able to tell what their food allergies are. It is important to make the student aware of what accommodations they are or should be receiving so that they might assist appropriately.

### Students with Food Allergies Guidelines/Checklist

|  |                                                                                                          |
|--|----------------------------------------------------------------------------------------------------------|
|  | Recognize the first symptoms of an allergic/anaphylactic reaction.                                       |
|  | Know where the epinephrine auto-injector is kept and who has access to the epinephrine auto-injector(s). |
|  | Inform an adult as soon as accidental exposure occurs or symptoms appear.                                |
|  | Carry your own epinephrine auto-injector when appropriate.                                               |
|  | Avoid sharing or trading snacks, lunches, or drinks.                                                     |
|  | Wash hands before and after eating.                                                                      |
|  | Report teasing, bullying, and threats to an adult.                                                       |
|  | Ask about ingredients for all food offered. If unsure that the food is allergen-free, decline the food.. |
|  | Learn to become a self-advocate as you get older (refer to parent/guardian guidelines on previous page). |
|  | Ask a staff member to assist in identifying issues related to the management of the allergy in school.   |

## Classroom Teacher Guidelines

Teachers are ultimately the student's first line of defense. Teachers are asked to assist the school team in the care and management of students with food allergies, as well as the prevention and treatment of allergic reactions. The following guidelines should be reviewed, followed and enforced by teachers and others entering the classroom.

### Classroom Teacher Checklist

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Do not question or hesitate to immediately initiate an Emergency Action Plan (EAP) (Appendix B-1) if a student reports symptoms or exhibits signs of an allergic reaction.                                                                                                                                                                                                                                                                                                       |
|  | Keep the student's EAP (Appendix B-1), Individual Health Care Plan (IHCP) (Appendix B-2) and/or 504 Plan (Appendix B-3) accessible in the classroom.                                                                                                                                                                                                                                                                                                                             |
|  | Seek assistance if a student has ingested, or is suspected to have ingested, a known allergen.                                                                                                                                                                                                                                                                                                                                                                                   |
|  | Ensure students with suspected allergic reactions are accompanied by an adult at all times.                                                                                                                                                                                                                                                                                                                                                                                      |
|  | Contact school nurse, school administrator, or call 911 if allergic reaction is suspected.                                                                                                                                                                                                                                                                                                                                                                                       |
|  | Participate in any team meetings for the student with food allergies, in-service training or a meeting for a student's re-entry after a reaction.                                                                                                                                                                                                                                                                                                                                |
|  | Allow the students with food allergies to keep the same locker and desk all year to help prevent accidental contamination since food is often stored in lockers and desks. Consider providing storage for lunches and other food products outside the classroom.                                                                                                                                                                                                                 |
|  | Wipe computer keyboards, musical instruments and other equipment used with a school district-approved cleaner when necessary for students or provide separate items as called for in IHCP/504 Plan.                                                                                                                                                                                                                                                                              |
|  | Establish a means of communication in schools to permit swift response.                                                                                                                                                                                                                                                                                                                                                                                                          |
|  | Adapt curriculum, awards, rewards or prizes by substituting allergen-free food or non-food items in rooms where students having an EAP are or may be present. Parents may be helpful in identifying safe alternatives or providing other recommendations. Consider the Food Use As a Reward Guidelines (Appendix E) and Constructive Classroom Rewards (Appendix G).                                                                                                             |
|  | Leave information for substitute teachers in an organized, prominent, and accessible format. Follow school district guidelines for substitute teacher folders.                                                                                                                                                                                                                                                                                                                   |
|  | Inform parent/guardian of the allergic student at least two weeks in advance of any in-class events where food will be served or used. Complete the Food Use in the Classroom (Appendix D) form if food is used.                                                                                                                                                                                                                                                                 |
|  | Provide ingredient lists for food products and classroom products available in the school. Provide access to parent/guardian when requested.                                                                                                                                                                                                                                                                                                                                     |
|  | Educate and inform students and their parents, teachers, aides, substitutes, and volunteers who may have contact with students having an EAP about how to recognize, prevent and respond to food allergy reactions. Avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with a food allergy is being treated and enforce school rules about bullying and threats. (Sample Appendix B-3, Appendix C-2, Appendix I). |
|  | Secure district-approved wipes from the custodian.                                                                                                                                                                                                                                                                                                                                                                                                                               |
|  | Do not send students with food allergies home on the bus if they report any symptoms of an allergic reaction, no matter how "minor".                                                                                                                                                                                                                                                                                                                                             |

### Substitute Teachers Checklist

|  |                                                                                                                                                                                                                                                                            |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Ensure the student's Emergency Action Plan (EAP) (Appendix B-1) is in the substitute teacher subfolders. The folder must include instructions for the substitute teacher to immediately contact the nurse/Designated School Personnel (DSP) for education and instruction. |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Classroom Activities Checklist

|  |                                                                                                                                                                                                                                                                                   |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Ensure that food or products containing student's allergens are not used for class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, or other purposes. Complete the Food Use in the Classroom (Appendix D) form if food is used. |
|  | Students will bring fruits and vegetables if snacks are offered. Avoid isolating or excluding a student because of allergies (i.e. using candy or other food items as part of a lesson).                                                                                          |
|  | Limit food related to fundraising, birthday celebrations, PTO functions to the cafeteria or other designated areas. Substitute non-allergenic foods or non-food items. (Constructive Classroom Rewards - Appendix G). For birthday parties, consider a once-a-month celebration.  |
|  | Pay special attention to other allergies students may have, such as allergies to animals. Allergies may also encompass the animal's food (peanuts, fish, milk). Animals must be viewed or contained in a pre-approved designated area outside the classroom.                      |
|  | Wash the tables, chairs, floors and countertops if a food event, including lunch, has been held in an allergic student's classroom(s). The washing should be done by a custodian or supervising adult. (Appendix F)                                                               |

### Field Trip Checklist

|  |                                                                                                                                                                                                                                                                                                                                                                                                  |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Choose field trips carefully to ensure that students with allergies have little to no allergen exposure. Review Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan.                                                                                                                                                                                                 |
|  | Consider the presence/handling of any food item while on the field trip.                                                                                                                                                                                                                                                                                                                         |
|  | Review the number of adults/chaperones required for the field trip when a student with food allergies is present. Be aware that additional chaperones may be required. Student(s) experiencing a reaction must be accompanied by an adult at all times. The designated adult is strongly encouraged to remain with the student being transported by EMS when the parent/guardian is not present. |
|  | Provide timely notification of field trips to the nurse/Designated School Personnel (DSP) and parent/guardian.                                                                                                                                                                                                                                                                                   |
|  | Discuss the field trip in advance with parent/guardian of a student at-risk for anaphylaxis. Invite parents of student at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone(s). However, the parent's/guardian's presence at a field trip is NOT required.                                                                                             |
|  | Identify the staff member who will be assigned the responsibility for watching out for the student's welfare and handling any emergency. These responsibilities will include: <ul style="list-style-type: none"><li>● Facilitating washing of hands before snack/lunch.</li><li>● Overseeing the cleaning of tables before eating.</li></ul>                                                     |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <ul style="list-style-type: none"> <li>• Ensuring that student with food allergy only eat allergen-free food or food supplied by parent/guardian.</li> <li>• Carrying a communication device to be used in an emergency situation.</li> <li>• Reviewing the student's Emergency Action Plan (EAP).</li> <li>• Carrying and administering emergency medicine (antihistamine, epinephrine auto-injector) as outlined in EAP.</li> </ul> <p>Planning should be completed one week prior to field trip.</p> |
|  | Plan for emergency situation (contacting 911 if needed).                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|  | Follow school district policy for medication administration. All medications, including over-the-counter medications, shall be given to the adult designated by the nurse/DSP.                                                                                                                                                                                                                                                                                                                          |
|  | Consider how snack/lunch will be stored/transported and where food will be eaten while on field trip.                                                                                                                                                                                                                                                                                                                                                                                                   |
|  | Complete the appropriate field trip form if food is integral to the field trip experience (Capannari's and Wagner Farms).                                                                                                                                                                                                                                                                                                                                                                               |

### **Field Trip Medication Checklist**

|  |                                                                                                                                                                                                                                                                                                                                                                                                |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Notify the nurse/DSP of any field trip at least one week in advance.                                                                                                                                                                                                                                                                                                                           |
|  | Acquire medications, Emergency Action Plan (EAP) (Appendix B-1) and communication device the morning of the trip is the school personnel's responsibility. School district policy for dispensing medicine should be followed.                                                                                                                                                                  |
|  | Provide the adult who is to administer the medication with an EAP (Appendix B-1) and with instructions about the medication.                                                                                                                                                                                                                                                                   |
|  | Dispense medication in a labeled container with the date and time that it is to be given. Emergency or rescue medication must be labeled appropriately.                                                                                                                                                                                                                                        |
|  | Supply adult designated by the nurse/Designated School Personnel (DSP) with all medications, including over-the-counter medications. Exceptions to this policy are those medications deemed "rescue drugs" such as epinephrine auto-injector(s) and asthma inhaler(s). Written permission shall be on file for any student to carry self-administering medications. Review EAP. (Appendix B-1) |

## District/School Administration Checklist

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>Supervise and implement School Board's food allergy policies. Provide training and education for staff on School Board policy and procedures for food allergies, including:</p> <ul style="list-style-type: none"> <li>• How to recognize symptoms of an allergic reaction (foods, insect stings, medications, latex).</li> <li>• Steps to take to prevent exposure to allergens.</li> <li>• How to respond to an emergency.</li> <li>• How to administer an epinephrine auto-injector.</li> <li>• How to respond to a student with a known allergy as well as a student with a previously unknown allergy.</li> <li>• Provide training for food service personnel</li> <li>• Legal protection</li> </ul> |
|  | Conduct and track attendance of in-service training for staff at the beginning of the school year and as needed. All specific training protocols will be made available by the school district and found within the school.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|  | Review emergency response procedures annually.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|  | Ensure substitute teachers, nurses/Designated School Personnel (DSPs) and food service personnel understand their role and how to implement an EAP, IHCP and/or 504 Plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|  | Notify parent/guardian when a new nurse/DSP is hired or changes position.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|  | Facilitate the acquisition of ingredient lists for food products and classroom products available in the school. Provide access to parent/guardian when requested.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|  | Obtain emergency training procedures from the bus company, if the bus company is a vendor. Inform parents of emergency procedures relative to food allergies. Parents then determine if/how students shall be transported to school.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|  | Review rental agreement, when outside groups (i.e. non-school related organizations) use school property and food is present to ensure that care is taken not to put students with food allergies at risk. Consider the PTO/ED Foundation Guidelines and share as necessary (Appendix F).                                                                                                                                                                                                                                                                                                                                                                                                                    |
|  | Establish a means of communication with staff who are on the playground and physical education teacher via walkie-talkie.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

## Custodial Staff Guidelines

|  |                                                                                                                                                                                                                                                                                 |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Review the school district Food Allergy Policy and direct any questions to the nurse/Designated School Personnel (DSP).                                                                                                                                                         |
|  | Participate in an in-service training on the identification of food-allergic reactions, risk-reduction and emergency response procedures.                                                                                                                                       |
|  | Take all complaints seriously from any student with a life-threatening allergy. Immediately advise nurse/DSP or attending staff member of situation.                                                                                                                            |
|  | Clean tables and chairs routinely after each sitting with school district-approved cleaning agents, with special attention given to designated allergen-free eating areas. Use separate cloths for allergen safe tables.                                                        |
|  | Clean classrooms, desks, doorknobs and lockers routinely with school district-approved cleaning agents, with special attention to classrooms attended by students with food allergies. The 504 Plan or Individual Health Care Plan (IHCP) may direct the frequency of cleaning. |

## Outside-of-Classroom Activities Guidelines

Students participate in many activities outside the classroom. It is critical that a student with food allergies be provided a safe environment both inside and outside the classroom. These activities might include recess, physical education, school-sponsored events or athletics. Teachers and staff responsible for lunch, recess, coaching or non-classroom activities must be trained to recognize and respond to a severe allergic reaction.

### Other Instructional Areas/Lunch/Recess Monitors Checklist

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Train adult supervisors responsible for students with food allergies.                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|  | Take all complaints seriously from any student with a life-threatening allergy by immediately contacting the nurse/Designated School Personnel (DSP).                                                                                                                                                                                                                                                                                                                                                     |
|  | Accompany students with suspected allergic reactions. An adult must be with the student at all times. Students experiencing an allergic reaction must not be left alone.                                                                                                                                                                                                                                                                                                                                  |
|  | Carry an epinephrine auto-injector for a student.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|  | Ensure current antihistamine and epinephrine auto-injector is readily accessible to food-allergic students. An adult staff member, trained in its use, must be on-site.                                                                                                                                                                                                                                                                                                                                   |
|  | Establish a means of emergency communication (walkie-talkie/cell phone/similar communication device) by staff in the gym, on the playground and other recess sites.                                                                                                                                                                                                                                                                                                                                       |
|  | Reinforce that only students with allergen-free lunches or snacks eat at the allergen-free table.                                                                                                                                                                                                                                                                                                                                                                                                         |
|  | Encourage hand washing or use of hand wipes for students after eating.                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|  | Respond to exercise-induced allergic symptoms, as well as allergic symptoms caused by other allergens according to an Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan.                                                                                                                                                                                                                                                                                                    |
|  | Cover or tape medical alert identification. Medical alert identification is not required to be removed for activities. <ul style="list-style-type: none"><li>● Illinois High School Association (IHSA) permits the student-athlete to wear the medical alert bracelet and not have it considered jewelry.</li><li>● Medical alert bracelet should be taped to the body (wherever it is usually worn), but parts of it should remain visible for medical personnel to view in case of emergency.</li></ul> |

**Coaches/Activity Leaders/Athletic Trainers Checklist**

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Provide school coaches or other program adults with specific information pertaining to all students with life-threatening allergies, if parent/guardian agrees. Review the Emergency Action Plan (EAP) (Appendix B-1), Individual Health Care Plan (IHCP) and/or 504 Plan with nurse/Designated School Personnel (DSP).                                                                                                                                                                                          |
|  | Identify who is responsible for keeping epinephrine auto-injector(s) during sporting events or activities. Ensure a current epinephrine auto-injector is readily accessible for food-allergic students. An adult staff member, trained in its use, must be onsite.                                                                                                                                                                                                                                               |
|  | Make certain that an emergency communication device (i.e. walkie-talkie, intercom, cell phone, etc.) is always available.                                                                                                                                                                                                                                                                                                                                                                                        |
|  | Ensure that before and after school activities sponsored by the school comply with school policies and procedures regarding life-threatening allergies. Follow the field trip checklist and transportation checklist.                                                                                                                                                                                                                                                                                            |
|  | Avoid the presence of allergenic foods at activity sites and consider the use of allergenic foods in activities. Modify plan to remove student's allergens from activity. This may involve advance communications to parent/guardian when snacks or food is involved.                                                                                                                                                                                                                                            |
|  | <p>Cover or tape medical alert identification. Medical alert identification is not required to be removed for activities.</p> <ul style="list-style-type: none"><li>● Illinois High School Association (IHSA) permits the student-athlete to wear the medical alert bracelet and not have it considered jewelry.</li><li>● Medical alert bracelet should be taped to the body (wherever it is usually worn), but parts of it should remain visible for medical personnel to view in case of emergency.</li></ul> |

## Transportation Guidelines

### Transportation Checklist (Private Sector Bus Company)

|  |                                                                                                                                                                                                           |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Inform a representative from the bus company to discuss implementation of a student's Emergency Action Plan (EAP).                                                                                        |
|  | Designate the school district transportation director to communicate regularly with the private sector bus company regarding training for school bus drivers on managing life-threatening food allergies. |
|  | Do not leave a student having a suspected allergic reaction alone. Call 911 if needed.                                                                                                                    |

## Appendix A: Other Types of Allergic Reactions

### Other Types of Allergic Reactions: Venom, Latex and Medication

Information and awareness procedures apply fully for students with other types of anaphylactic allergies. These include the development and implementation of an Emergency Action Plan (EAP) (Appendix B-1), Individual Health Care Plan (IHCP) and/or 504 Plan. Both an IHCP and a 504 Plan includes an Emergency Action Plan (EAP). Specific avoidance measures will depend on the allergic condition, such as:

#### Avoidance Measures for Insect Venom/Stings Allergic Reactions

- Avoid wearing loose, hanging clothes, floral patterns, blue and yellow clothing, fragrances.
- Check for the presence of bees and wasps, especially nesting areas, and arrange for their removal.
- Ensure garbage is properly covered and away from play areas.
- Caution students not to throw sticks or stones at insect nests.
- If required by an EAP, IHCP and/or 504 Plan, allow students with life-threatening insect allergies to remain indoors for recess during bee/wasp season.
- Immediately remove a student with allergy to insect venom from the room if a bee or wasp gets in.
- In case of insect stings, never slap or brush the insect off, and never pinch the stinger if the student is stung. Instead, flick the stinger out with a fingernail or credit card.

#### Avoidance Measures for Latex Allergic Reactions

- Inform school administrators and teachers of the presence of students with latex allergies.
- Identify areas of potential exposure and determine student risk.
- Screen instructional, cafeteria and maintenance department purchases to avoid latex products. Eating food that has been handled by latex gloves presents a high risk of a reaction.
- Do not use latex gloves or other latex products in nurse's/Designated School Personnel's (DSP) office or designated school area.
- Do not allow the use of latex balloons for celebrations in schools where a student has a latex allergy.
- When medically indicated, consider posting signs at school entry ways "Latex precautions in place here."

#### Suggestions for Medication Allergic Reactions

- Inform school administrators and teachers of the presence of students with medication allergies.
- Maintain current health records.
- Do not administer medication to a student unless there is an order/request. This includes over-the-counter medications (OTC) like ibuprofen or aspirin.
- Refer to school district medication policy.

## Appendix B-1: Emergency Action Plan

| ILLINOIS FOOD ALLERGY EMERGENCY ACTION PLAN<br>AND TREATMENT AUTHORIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Child's<br>Photograph                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME: _____ D.O.B: ____/____/____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| TEACHER: _____ GRADE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ALLERGY TO: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Asthma: <input type="checkbox"/> Yes (higher risk for a severe reaction) <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Weight: _____ lbs                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>ANY SEVERE SYMPTOMS AFTER SUSPECTED INGESTION:</b><br><br>LUNG: Short of breath, wheeze, repetitive cough<br>HEART: Pale, blue, faint, weak pulse, dizzy, confused<br>THROAT: Tight, hoarse, trouble breathing/swallowing<br>MOUTH: Obstructive swelling (tongue)<br>SKIN: Many hives over body<br><br>Or <u>Combination</u> of symptoms from different body areas:<br><br>SKIN: Hives, itchy rashes, swelling<br>GUT: Vomiting, crampy pain                                                                                                                                                                                                                                                                                                                                                    |  | <b>INJECT EPINEPHRINE IMMEDIATELY</b><br><br>- Call 911<br>- Begin Monitoring (see below)<br>- Additional medications:<br>- Antihistamine<br>- Inhaler (bronchodilator) if asthma<br><br><small>*Inhalers/bronchodilators and antihistamines are not to be depended upon to treat a severe reaction (anaphylaxis) → Use Epinephrine.*</small><br><br><small>**When in doubt, use epinephrine. Symptoms can rapidly become more severe.**</small> |
| <b>MILD SYMPTOMS ONLY</b><br><br>Mouth: Itchy mouth<br>Skin: A few hives around mouth/face, mild itch<br>Gut: Mild nausea/discomfort                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>GIVE ANTIHISTAMINE</b><br><br>- Stay with child, alert health care professionals and parent.<br><b>IF SYMPTOMS PROGRESS (see above), INJECT EPINEPHRINE</b>                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> If checked, give epinephrine for ANY symptoms if the allergen was likely eaten.<br><input type="checkbox"/> If checked, give epinephrine before symptoms if the allergen was definitely eaten.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>MEDICATIONS/DOSES</b><br><br>EPINEPHRINE (BRAND AND DOSE): _____<br>ANTIHISTAMINE (BRAND AND DOSE): _____<br>Other (e.g., inhaler-bronchodilator if asthma): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>MONITORING:</b> Stay with the child. Tell rescue squad epinephrine was given. A second dose of epinephrine can be given a few minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping child lying on back with legs raised. Treat child even if parents cannot be reached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> Student may self-carry epinephrine <input type="checkbox"/> Student may self-administer epinephrine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>CONTACTS: Call 911 Rescue squad: (____) _____</b><br><br>Parent/Guardian: _____ Ph: (____) _____<br>Name/Relationship: _____ Ph: (____) _____<br>Name/Relationship: _____ Ph: (____) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Licensed Healthcare Provider Signature: _____ Phone: _____ Date: _____<br><div style="text-align: center; font-size: small;">(Required)</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| I hereby authorize the school district staff members to take whatever action in their judgment may be necessary in supplying emergency medical services consistent with this plan, including the administration of medication to my child. I understand that the Local Governmental and Governmental Employees Tort Immunity Act protects staff members from liability arising from actions consistent with this plan. I also hereby authorize the school district staff members to disclose my child's protected health information to chaperones and other non-employee volunteers at the school or at school events and field trips to the extent necessary for the protection, prevention of an allergic reaction, or emergency treatment of my child and for the implementation of this plan. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Parent/Guardian Signature: _____ Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

**DOCUMENTATION**

- Gather accurate information about the reaction, including who assisted in the medical intervention and who witnessed the event.
- Save food eaten before the reaction, place in a plastic zipper bag (e.g., Ziploc bag) and freeze for analysis.
- If food was provided by school cafeteria, review food labels with head cook.
- Follow-up:
  - Review facts about the reaction with the student and parents and provide the facts to those who witnessed the reaction or are involved with the student, on a need-to-know basis. Explanations will be age-appropriate.
  - Amend the Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan as needed.
  - Specify any changes to prevent another reaction.

**TRAINED STAFF MEMBERS**

Name: \_\_\_\_\_ Room: \_\_\_\_\_

Name: \_\_\_\_\_ Room: \_\_\_\_\_

Name: \_\_\_\_\_ Room: \_\_\_\_\_

**LOCATION OF MEDICATION**

- ☐ Student to carry
- ☐ Health Office/Designated Area for Medication
- ☐ Other: \_\_\_\_\_

**ADDITIONAL RESOURCES**

**American Academy of Allergy, Asthma and Immunology (AAAAI)**  
414-272-6071  
<http://www.aaaai.org>  
[http://www.aaaai.org/patients/resources/fact\\_sheets/food\\_allergy.pdf](http://www.aaaai.org/patients/resources/fact_sheets/food_allergy.pdf)  
[http://www.aaaai.org/members/allied\\_health/tool\\_kit/ppt/](http://www.aaaai.org/members/allied_health/tool_kit/ppt/)

**Children's Memorial Hospital**  
773-KIDS-DOC  
<http://www.childrensmemorial.org>

**Food Allergy Initiative (FAI)**  
212-207-1974  
<http://www.faiusa.org>

**Food Allergy and Anaphylaxis Network (FAAN)**  
800-929-4040  
<http://www.foodallergy.org>

This document is based on input from medical professionals including Physicians, APNs, RNs and certified school nurses. It is meant to be useful for anyone with any level of training in dealing with a food allergy reaction.

## Appendix B-2: Individual Health Care Plan (IHCP)



ADMINISTRATION BUILDING

701 West Gregory Street - Mount Prospect, Illinois 60056

P (847) 394-7300 | F (847) 394-7311 | www.d57.org

### Individual Health Care Plan (IHCP) for Allergies - Elementary

#### CONFIDENTIAL

You indicated on the school emergency form that your child had an allergy. This plan will identify your student's food, insect or latex allergies, the severity of the allergy, the allergy history, precautions to be taken and emergency response provision.

Individual Health Care Plan (IHCP) for \_\_\_\_\_ Allergen(s):  
\_\_\_\_\_

**GOAL:** Prevent allergic reactions from occurring and ensure student's safety at school

**PROBLEM:**

(Describe type of reaction: i.e. risk for anaphylaxis, hives)

**PRECAUTIONS TO BE TAKEN :** See Below

| Parent Questionnaire                                                                                                                                                                                | Yes                                                                              | No                                                                               | N/A                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1. My child will have medication(s) available at school for their allergy.<br>List allergy medications used at home and/or at school: _____                                                         | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                         |
| 2. <i>For Nut Allergy Students Only:</i> My child will sit at a "nut-free zone" in the lunchroom. (If no, waiver required.)                                                                         | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                         |
| 3. My child's EpiPen(s) will be kept:<br>a. in the nurse's office only<br>.....<br>b. in my child's possession only<br>.....<br>c. in both the nurse's office and in my child's possession<br>..... | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| 4. If my child is responsible for his/her own EpiPen(s), it will be kept:<br>a. with my child at all times<br>.....                                                                                 | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                         |

|                                                                                                                                                                                                                           |                          |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 5. My child will only eat the food that I send for authorized classroom snack, treats (fruits and vegetables only) and all other occasions (classroom parties, birthday treats). If no or N/A please explain below: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I will provide a shelf stable allergen free snack (fruit/veggie) that will be available in the classroom if needed (i.e. student forgot snack at home).                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Parent Responsibilities

- Inform the nurse of my child's allergies prior to the beginning of the school year or as soon as possible after a diagnosis.
- Complete and return the Emergency Action Plan.
- Provide the school with up-to-date medications as needed.
- Periodically teach and review with my child the following:
  - ✓ to recognize the first symptoms of an allergic/anaphylactic reaction.
  - ✓ to communicate as soon as he/she feels a reaction is starting.
  - ✓ to carry his/her own epinephrine auto-injector when appropriate.
  - ✓ to understand the importance of handwashing or using cleansing wipes (supplied by parent) before and after eating.
- My child will only eat the food that I send for lunch.
- Will notify school nurse if my child will be participating in any extracurricular activities.

### Student Responsibilities

- Recognize the first symptoms of an allergic/anaphylactic reaction.
- Know where the epinephrine auto-injector is kept.
- Inform an adult as soon as accidental exposure occurs or symptoms appear.
- Carry own epinephrine auto-injector when appropriate.
- Avoid sharing or trading snacks, lunches or drinks.
- Wash hands or use a cleansing wipe (supplied by parent) before and after eating.
- Report any teasing, bullying and threats to an adult authority.

### School Nurse Responsibilities

- Educate all staff that interacts with the student about food, insect, latex allergy symptoms and the steps required to implement the Emergency Action Plan. Review emergency procedures with teacher(s) prior to field trips as needed.
- Develop a plan for access to emergency medication when developing plans for fire drills, lockdowns, etc.
- If student rides the bus, provide a copy of the Emergency Action Plan to the bus company.
- A copy of the student's Emergency Action Plan and IHCP will be kept in the health office, child's homeroom and/or in the student's temporary record.
- Provide annual training to staff on proper use of an EpiPen.

### Teacher Responsibilities

- Student will be trained and/or encouraged to wash hands or use cleansing wipes (supplied by parent) before eating.
- Students in the classroom should be encouraged to wash their hands/use hand wipe upon arrival to school and after eating lunch.
- A student with a suspected allergic reaction will be accompanied to the health office or the nurse will be called to the location.

- Keep a copy of the student's Emergency Action Plan and IHCP in the classroom sub folder.
- Inform parents of the allergic student in advance of any in-class events where food or allergens will be present.
- Notify parents, using the form provided, when food or products are used for class projects or science experiments and develop plans to prevent exposure.
- Plan for the following on field trips:
  - ✓ Review the Emergency Action Plan before the field trip.
  - ✓ Oversee cleaning the table of the student with food allergies before eating.
  - ✓ Remind the student with the food allergy to wash his/her hands before eating.
  - ✓ Remind the student with the food allergy to always and only eat food supplied by the parent.
  - ✓ Carry a cell phone to call 911 if needed.
- Implement the accommodations that parent indicated "yes" in the parent section.
- Follow District procedures for medication administration and emergency situation management including contacting of 911.

#### **Principal Responsibilities**

- Provide walkie-talkies to playground and P.E. staff.
- Delegate proper cleaning of the allergen free area in the lunchroom and designated food areas.
- Establish rules prohibiting sharing or trading of food at school.
- Establish and enforce rules that students bring only fruits and vegetables for optional snack to school.
- Establish an allergen free area in the lunchroom, if parent indicated this is needed.

The Individual Health Care Plan has been reviewed and signed by:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Administrator/Nurse

\_\_\_\_\_  
Date

Updated 12/2016



ADMINISTRATION BUILDING

701 West Gregory Street - Mount Prospect, Illinois 60056  
P (847) 394-7300 | F (847) 394-7311 | www.d57.org

**Individual Health Care Plan (IHCP) for Allergies - Middle School**

**CONFIDENTIAL**

You indicated on the school emergency form that your child had an allergy. This plan will identify your student's food, insect or latex allergies, the severity of the allergy, the allergy history, precautions to be taken and emergency response provision.

Individual Health Care Plan (IHCP) for \_\_\_\_\_ Allergen(s) \_\_\_\_\_

GOAL: Prevent allergic reactions from occurring and ensure student's safety at school

PROBLEM: \_\_\_\_\_  
(Describe type of reaction: i.e. risk for anaphylaxis, hives)

PRECAUTIONS TO BE TAKEN: See Below

| Parent Questionnaire                                                                                                                        | Yes                      | No                       | N/A                      |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. My child will have medication(s) available at school for their allergy.<br>List allergy medications used at home and/or at school: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <i>For Nut Allergy Students Only:</i> My child will sit at a "nut-free zone" in the lunchroom.<br>(If no, waiver required.) .....        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. My child's EpiPen(s) will be kept:                                                                                                       |                          |                          |                          |
| a. in the nurse's office only .....                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. in my child's possession only ( <b>on child at all times—i.e. pencil case</b> ).....                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. in both the nurse's office and in my child's possession .....                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. My child will always and only eat the food that I send for lunch. ....<br>(If "no", please explain below.)                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Student may purchase lunch from Lincoln Middle School cafeteria.....                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Additional Comments: _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____                                                            |                          |                          |                          |

Updated 12/2016

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Parent Responsibilities</b></p> <ul style="list-style-type: none"> <li>● Inform the nurse of my child's allergies prior to the beginning of the school year or as soon as possible after a diagnosis.</li> <li>● Complete and return the Emergency Action Plan.</li> <li>● Provide the school with up-to-date medications as needed.</li> <li>● Will notify school nurse if my child will be participating in any extracurricular activities.</li> <li>● If child self carries, encourage child to carry EpiPen on self at all time.</li> <li>● Parent to check ingredient list for food offered in Lincoln's cafeteria as needed (menu is on the Lincoln website, ingredients can be found through district 25 at the following website:<br/><a href="http://www.schoolnutritionandfitness.com/index.php?page=custpage&amp;pid=245&amp;sid=0706131933590172">http://www.schoolnutritionandfitness.com/index.php?page=custpage&amp;pid=245&amp;sid=0706131933590172</a></li> <li>● Periodically teach and review with my child the following: <ul style="list-style-type: none"> <li>✓ to recognize the first symptoms of an allergic/anaphylactic reaction.</li> <li>✓ to communicate as soon as he/she feels a reaction is starting.</li> <li>✓ to understand the importance of handwashing or using hand wipes before and after eating.</li> <li>✓ to request ingredient information for any food offered and decline the food if information is unavailable.</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                    |
| <p><b>Student Responsibilities</b></p> <ul style="list-style-type: none"> <li>● Recognize the first symptoms of an allergic/anaphylactic reaction.</li> <li>● Know where the epinephrine auto-injector is kept.</li> <li>● Inform an adult as soon as accidental exposure occurs or symptoms appear.</li> <li>● If self carries, carry EpiPen on self at all times.</li> <li>● Avoid sharing or trading snacks, lunches or drinks.</li> <li>● Wash hands or use a cleansing wipe (parent provided) before and after eating.</li> <li>● Report any teasing, bullying and threats to an adult authority.</li> <li>● Check ingredient list when available.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>School Nurse Responsibilities</b></p> <ul style="list-style-type: none"> <li>● Educate all staff that interacts with the student about food, insect, latex allergy symptoms and the steps required to implement the Emergency Action Plan. Review emergency procedures with teacher(s) prior to field trips as needed.</li> <li>● Develop a plan for access to emergency medication when developing plans for fire drills, lockdowns, etc.</li> <li>● If student rides the bus, provide a copy of the Emergency Action Plan to the bus company.</li> <li>● A copy of the student's Emergency Action Plan and IHCP will be kept in the health office, child's homeroom and/or in the student's temporary record.</li> <li>● Provide annual training to staff on proper use of an EpiPen.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>Teacher Responsibilities</b></p> <ul style="list-style-type: none"> <li>● Student will be trained and/or encouraged to wash hands or use cleansing wipe (supplied by parent) before eating.</li> <li>● Students in the classroom should be encouraged to wash their hands/use hand wipe upon arrival to school and after eating lunch.</li> <li>● A student with a suspected allergic reaction will be accompanied to the health office or the nurse will be called to the location.</li> <li>● Keep a copy of the student's Emergency Action Plan and IHCP in the classroom sub folder.</li> <li>● Inform parents of the allergic student in advance of any in-class events where food or allergens will be present.</li> <li>● Notify parents, using the form provided, when food or products are used for class projects or science experiments and develop plans to prevent exposure or if outside food will be consumed on a field trip (permission slip required).</li> <li>● Plan for the following on field trips: <ul style="list-style-type: none"> <li>✓ Review the Emergency Action Plan before the field trip.</li> <li>✓ Oversee cleaning the table of the student with food allergies before eating.</li> <li>✓ Remind the student with the food allergy to wash his/her hands before eating.</li> <li>✓ Remind the student with the food allergy to eat only food supplied by parent (unless permission slip signed by parent).</li> <li>✓ Carry a cell phone to call 911 if needed.</li> </ul> </li> <li>● Implement the accommodations that parent indicated "yes" in the parent section.</li> <li>● Follow District procedures for medication administration and emergency situation management including contacting of 911.</li> </ul> |
| <p><b>Principal Responsibilities</b></p> <ul style="list-style-type: none"> <li>● Provide walkie-talkies to playground and P.E. staff.</li> <li>● Delegate proper cleaning of the allergen free area in the lunchroom and designated food areas.</li> <li>● Establish rules prohibiting the sharing or trading of food at school.</li> <li>● Establish and enforce rules that students bring only fruits and vegetables for optional snack to school.</li> <li>● Establish an allergen free area in the lunchroom, if parent indicated this is needed. .</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

The Individual Health Care Plan has been reviewed and signed by:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Administrator/School Nurse

\_\_\_\_\_  
Date

## Appendix B-3: 504 Plan



### SECTION 504 ELIGIBILITY CONFERENCE SUMMARY

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

#### Purpose of Conference:

\_\_\_\_\_ To consider possible eligibility for and/or provision of services under Section 504 of the *Rehabilitation Act of 1973*.

\_\_\_\_\_ To review eligibility for and/or services being provided under Section 504 of the *Rehabilitation Act of 1973*.

\_\_\_\_\_ Other: \_\_\_\_\_

#### 1. Sources of Data:

|                                                |                                        |
|------------------------------------------------|----------------------------------------|
| _____ medical reports/health information       | _____ teacher/psychologist observation |
| _____ adaptive behavior scales/behavior scales | _____ discipline/attendance records    |
| _____ achievement tests                        | _____ student progress reports/grades  |
| _____ cognitive assessments                    | _____ functional behavior assessment   |
| _____ language surveys/assessments             | _____ other (specify) _____            |
| _____ parent input                             | _____                                  |
| _____ motor assessments                        | _____                                  |

A. Is there documented evidence of a physical and/or mental impairment?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (if no, a 504 plan is not required)

B. Is a major life activity substantially limited by the physical or mental impairment?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (if no, a 504 plan is not required)

If yes, please check the major life activity(s) that is/are substantially limited.

|                               |                 |                |
|-------------------------------|-----------------|----------------|
| _____ caring for one's self   | _____ hearing   | _____ learning |
| _____ walking                 | _____ breathing | _____ seeing   |
| _____ performing manual tasks | _____ working   | _____ standing |
| _____ eating                  | _____ sleeping  | _____ lifting  |
| _____ communicating           | _____ bending   | _____ thinking |
| _____ concentrating           | _____ speaking  | _____ reading  |

\_\_\_\_\_ the operation of a major bodily function

**2. Summary of other points of discussion/recommendations (if applicable):**

Conference Participants:

---

---

---

---

---

---

---

---



## SECTION 504 PLAN

Name: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Describe the students mental and/or physical impairment:
  
  
  
  
  
  
  
  
  
  
2. Describe how the mental or physical impairment substantially limits a major life activity:
  
  
  
  
  
  
  
  
  
  
3. Describe the services, accommodations, and/or other supports that are necessary (including their frequency, location, and duration) and who will provide them:
  
  
  
  
  
  
  
  
  
  
4. State- and District-Wide Assessments (specify needed accommodations, if any):

## Appendix B-4: Allergy History Form

Dear Parent/Guardian of: \_\_\_\_\_ Date: \_\_\_\_\_

You indicated on the school emergency form that your child has an allergy. Please provide us with more information about your child's health needs by responding to the following questions and returning this form to your child's school health office.

1. Please indicate what your child is allergic to by checking the appropriate box.

☐ Peanuts      ☐ Latex      ☐ Tree Nuts      ☐ Bee Sting  
☐ Milk      ☐ Other \_\_\_\_\_

2. Please describe the type of allergic reaction your child has had in the past. Check all that apply.

☐ Anaphylactic reaction      ☐ EpiPen given      ☐ Benadryl given  
☐ Itching, tingling, or swelling of the lips, tongue, mouth  
☐ Hives, itchy rash, swelling of the face or extremities  
☐ Nausea, abdominal cramps, vomiting, diarrhea  
☐ Tightening of the throat, hoarseness, hacking cough  
☐ Shortness of breath, repetitive coughing or clearing of throat, wheezing  
☐ Fainting, pale or blue color to the lips and/or skin  
☐ Other, please describe \_\_\_\_\_

3. Please indicate when your child reacts to the allergen by checking all that apply.

☐ Eats the allergen      ☐ Inhales the allergen  
☐ Touches the allergen      ☐ Stung by the allergen  
☐ Other, please describe \_\_\_\_\_

4. Has your child seen a doctor for this allergy?

☐ Yes      ☐ No

5. Has your child been tested by an allergist? If yes, check all that apply.

☐ Skin test      ☐ Blood test      ☐ Food challenge

6. When was the last time your child had an allergic reaction? \_\_\_\_\_

7. Does your child have an EpiPen at home? Is the EpiPen kept with the child everywhere he/she goes?

☐ Yes      ☐ No      ☐ Yes      ☐ No

8. Does your child know how to use an EpiPen?

☐ Yes      ☐ No

9. How might your child's allergic condition affect school performance or participation in school activities?

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Appendix B-5: Nut-Free Table Form**



**ADMINISTRATION BUILDING**

701 West Gregory Street - Mount Prospect, Illinois 60056  
P (847) 394-7300 | F (847) 394-7311 | [www.d57.org](http://www.d57.org)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

My/our child suffers from the following food allergies: \_\_\_\_\_

**I/we understand that Mount Prospect School District 57 offers a “nut-free zone” in its lunchroom. Mount Prospect School District 57’s Food Allergy Management Program Policy and implementing Administrative Procedures provides for my/our child to sit at a table in the nut-free zone in its lunchroom for safety purposes, so as to reduce the risk that my/our child will be exposed to nut allergens.**

**I/we grant permission to my/our child to sit outside of the “nut-free zone” in spite of his or her nut allergy. In permitting my/our child to sit outside the nut-free zone, I/we understand that he or she may be exposed to nut allergens, and that Mount Prospect School District 57 may not be able to effectively protect my/our child from allergic reactions resulting from nut allergen exposure.**

**I/we hereby release, waive, and discharge any claims that I/we may have against the Board of Education of Mount Prospect School District 57, its members (individually and collectively), administrators, and employees, whether acting as individuals in their personal capacity or as members or employees of the Board acting in their official capacity, as related to any allergic reaction that my/our child experiences as a result of his/her sitting outside of the nut-free zone in the lunchroom.**

\_\_\_\_\_  
Parent Signature                      Date

\_\_\_\_\_  
Parent Signature                      Date

Jmb/client/school district clients/sd 57c/nut free waiver.docx

## Appendix C-1: Sample Classroom Letter to Parents



Date:

Dear Parent/Guardian:

It is our goal to ensure that every student in our school is safe. Our District has adopted a policy for managing students with food allergies. Our policy is in compliance with Public Act 96-0349 and is aligned with the guidelines created by the Illinois State Board of Education and the Illinois Department of Public Health.

Because some students cannot be in contact with foods containing this/these allergen(s), we are requesting that you only send plain fruits and vegetables for snacks. Even trace amounts of these allergens could result in a severe allergic reaction. Sometimes these elements may be hidden in processed foods.

Please discuss the following with your child:

- Do not offer, share, or exchange any foods with other students at school.
- Encourage hand washing with soap and water/use of hand wipe packed in lunch box to decrease the chance of cross-contamination on surfaces at school.
- If your child rides the bus, remind them that there is a “no eating on the bus” policy.

Thank you for your consideration and help in this matter. Please call if you have any questions or concerns.

Sincerely,

Nurse/Designated School Personnel (DSP)/Teacher

## Appendix C-2: Sensitivity and Bullying

Bullying, intimidation, and harassment diminish a student's ability to learn and a school's ability to educate. A food-allergic student may become victim to bullying, intimidation, and harassment related to his/her condition. Preventing students from engaging in these disruptive behaviors is an important District 57 goal.

Bullying is prohibited during school sponsored programs and activities, while in school or on school property including the bus, and through the transmission of information from a school computer or other similar electronic school equipment.

District 57 has adopted Second Step Bullying Prevention program materials to be used for classroom-based instruction and school-wide implementation. District 57 staff explicitly teach students age appropriate positive behavior expectations to achieve our goal of providing a safe and caring learning environment.

In order to reduce bullying and to prevent new bullying incidents at your child's school, it's important to report bullying in a timely manner. Students are always encouraged to seek out an adult (parent, teacher, instructional assistant, principal, assistant principal, etc.) to report a bullying incident. As a parent and guardian, if your child shares with you an incident or interaction with a peer that may be bullying, please contact your building administrator.

- Remind students and staff that bullying or teasing food-allergic students will not be tolerated and violators will be disciplined appropriately.
- Offer professional development for faculty and staff regarding confidentiality to prevent open discussion about the health of specific students.
- Discourage needless labeling of food-allergic students in front of others. A food-allergic student should not be referred to as "the peanut kid," "the bee kid" or any other name related to the student's condition.

## Appendix D: Food Use in the Classroom



### Mount Prospect School District 57

#### Parent Notification: Food Use in the Classroom

According to District 57 Wellness and Life Threatening Allergy procedures, written notification must be given to parents/guardians when food will be used in the classroom for instruction purposes or for specific identified activities.

**This form serves as the required notice.**

Day and Date of event: \_\_\_\_\_

School: \_\_\_\_\_

Grade and Teacher: \_\_\_\_\_

Food to be used: \_\_\_\_\_

Briefly explain the lesson or activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will food be consumed by students? \_\_\_\_\_

.....

**Please complete and return the bottom portion of the form to the teacher or event coordinator as soon as possible.**

\_\_\_\_\_ **may** participate in the activity listed above.

Child's Name

\_\_\_\_\_ **may not** participate in the activity listed above.

Child's Name

Please explain:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix E: Food Use As a Reward Guidelines

For any D57 events involving food the following guidelines should be followed:

1. Prior approval from the School Principal is needed.

### Parent Permission Form:

2. In advance of the event, written notification in the form of a paper or electronic\* permission slip must be given to families that list all food that will be served.
3. Parent signature needs to be on permission slip. (can be an electronic permission slip)
4. If using Google forms, include a field where the parent/guardian can type their name with a statement such as **"Entering your name constitutes your signature as the author of this document"**.
5. Permission slip should include verbiage that advises families of students with food allergies to check with food vendor for potential allergens.  
**"If your child has a food allergy or restriction, please notify the school in advance of the event to coordinate an alternative plan."**
6. Staff Sponsor of event must check in students at event to ensure they are on the list and parents have given permission.

*Updated November 2019*

## Appendix F: PTO/ED Foundation Guidelines

For PTO/Ed Foundation events involving food the following guidelines should be followed:

1. In advance of the event, written notification must be given to families that list all food that will be served.
2. Parent signature needs to be on permission slip.
3. If using Google forms, include a field where the parent/guardian can type their name with a statement such as **"Entering your name constitutes your signature as the author of this document"**.
4. Permission slip should include verbiage that advises families of students with food allergies to check with food vendor for potential allergens.
5. Permission slip must include PTO or Ed Foundation logo, or state clearly that this is a PTO or Ed Foundation event.
6. PTO or Ed Foundation must check in students at event to ensure they are on the list and parents have given permission.

*Updated January 2019*

## Appendix G: Constructive Classroom Rewards



### The Quick & Easy Guide to School Wellness



#### Constructive Classroom Rewards

Rewarding children in the classroom need not involve candy and other foods that can undermine children's diets and health and reinforce unhealthful eating habits. A wide variety of alternative rewards can be used to provide positive reinforcement for children's behavior and academic performance.

*"It's just a little treat:"  
the harm in using food  
to reward children*

Schools should not only teach children how to make healthy choices and to eat to fulfill nutritional needs, but also should provide an environment that fosters healthy eating. Providing food based on performance or behavior connects food to mood. This practice can encourage children to eat treats even when they are not hungry and can instill lifetime habits of rewarding or comforting themselves with food behaviors associated with unhealthy eating or obesity. Awarding children food during class also reinforces eating outside of meal or snack times.

*The value of  
rewarding children  
(with non-food  
rewards)*

Since few studies have been conducted on the effect of using food rewards on children's long-term eating habits, the best policy is not to use food to reward children for good behavior or academic performance. At minimum, children should not be rewarded using foods of poor nutritional quality. (Note: classroom parties are covered by this policy.)

As teachers know, classroom rewards can be an effective way to encourage positive behavior. Children, like everyone, alter their actions based on short-term anticipated consequences. When trying to foster a new behavior, it is important to reward a child consistently each time he or she does the desired behavior. Once the behavior has become an established habit, rewards can be given every now and then to encourage the child to maintain the preferred behavior.

The ultimate goal of rewarding children is to help them internalize positive behaviors so that they will not need a reward. Eventually, self-motivation will be sufficient to induce them to perform the desired behavior, and outside reinforcement will no longer be necessary.

*Physical activity  
and food should  
not be linked to  
punishment*

Punishing children by taking away recess or physical education classes reduces their already-scarce opportunities for physical activity. Another counter-productive punishment is forcing children to do physical activity such as running laps or pushups. Children often learn to dislike things that are used as punishments. Thus, penalizing children with physical activity might lead them to avoid activities that are important for maintaining wellness and a healthy body weight. In addition, food should not be withheld as a means of punishing children. The U.S. Department of Agriculture prohibits withholding meals as a punishment for any child enrolled in a school participating in the school meal programs.<sup>1</sup>

<sup>1</sup> U.S. Department of Agriculture (USDA). *Prohibition against Denying Meals and Milk to Children as a Disciplinary Action*. Alexandria, VA: USDA, 1988.

This bonus tip sheet accompanies *The Quick & Easy Guide to School Wellness*. For details or to order additional copies of the guide, please visit [www.healthyschoolscampaign.org](http://www.healthyschoolscampaign.org) or call 800-HSC-1810.

Examples of  
beneficial  
(and inexpensive)  
rewards for  
children 2

#### *Social rewards*

"Social rewards," which involve attention, praise, or thanks, are often more highly valued by children than a toy or food. Simple gestures like pats on the shoulder, verbal praise (including in front of others), nods, or smiles can mean a lot. These types of social rewards affirm a child's worth as a person.

#### *Recognition*

- Trophy, plaque, ribbon, or certificate or a sticker with an affirming message (e.g., "Great job")
- Recognizing a child's achievement on the morning announcements or the school's website
- A photo recognition board in a prominent location in the school
- A phone call, email, or letter sent home to family commending a child's accomplishment
- A note from the teacher to the student commending his or her achievement

#### *Privileges*

- Going first
- Choosing a class activity
- Helping the teacher
- Having an extra few minutes of recess with a friend
- Sitting by friends or in a special seat next to or at the teacher's desk
- "No homework" pass
- Teaching the class
- Playing an educational computer or other game
- Reading to a younger class
- Making deliveries to the office
- Reading the school-wide morning announcements
- Helping in another classroom

#### *Rewards for a class*

- Extra recess
- Eating lunch outdoors
- Going to the lunchroom first
- Reading outdoors
- Holding class outdoors
- Extra art, music, PE, or reading time
- Listening to music while working
- Dancing to music

#### *School supplies*

- Pencils, pens
- Erasers
- Notepads/notebooks
- Boxes of crayons
- Stencils
- Stamps
- Rulers
- Glitter
- Plastic scissors
- Bookmarks
- Highlighters
- Chalk (e.g., sidewalk chalk)
- Markers
- Coloring books
- Pencil sharpeners, grips, or boxes
- Gift certificate to the school store

#### *Sports equipment and athletic gear*

- Paddleballs
- Frisbees
- Water bottles
- NERF balls
- Hula hoop
- Head and wrist sweat bands
- Jump rope

2 Some examples adapted from "Alternatives to Using Food as a Reward," Michigan Team Nutrition (a partnership between the Michigan Department of Education and Michigan State University Extension), 2004. Accessed at <http://www.tn.fcs.msu.edu/foodrewards.pdf> on November 8, 2004.

This bonus tip sheet accompanies *The Quick & Easy Guide to School Wellness*.  
For details or to order additional copies of the guide, please visit [www.healthyschoolscampaign.org](http://www.healthyschoolscampaign.org) or call 800-HSC-1810

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*Toys/trinkets*

- Stickers
- Yo-yos
- Rubber balls
- Finger puppets
- Stuffed animals
- Plastic or rubber figurines
- Toy cars, trucks, or airplanes
- Puzzle games
- Slinkies
- Gliders
- Magnifying glasses

*Fashion wear*

- Temporary tattoos
- Hair accessories
- Bracelets, rings, necklaces
- Sunglasses
- Shoe laces

*Miscellaneous*

- Key chains
- Flashlights
- Cups
- Magnets

- Spinning tops
- Marbles
- Jacks
- Playing cards
- Stretchy animals
- Silly putty
- Bubble fluid with wand
- Balloons
- Capsules that become figures when placed in water
- Inflatable toys (balls, animals)
- Small dolls or action figures

- Eyeglasses with nose disguise
- Hat or cap
- T-shirt
- Sneaker bumper stickers

- Backscratchers
- A plant, or seeds and pot for growing a plant
- Books
- Crazy straws

*A token or point system, whereby children earn points that accumulate toward a bigger prize.*

Possible prizes include those listed above and:

- Gift certificate to a bookstore or sporting goods store
- Movie pass or rental gift certificate
- Ticket to sporting event
- Puzzle
- Book
- Step counter (pedometer)
- Sports equipment, such as tennis racket, baseball glove, soccer ball, or basketball
- Stuffed animal
- Magazine subscription
- Board game

Children can be given fake money, tokens, stars, or a chart can be used to keep track of the points they have earned. Points can be exchanged for privileges or prizes when enough are accumulated. A point system also may be used for an entire class to earn a reward. Whenever individual children have done well, points can be added to the entire class's "account." When the class has earned a target number of points, then they receive a group reward.

*This material is adapted with permission from the Center for Science in the Public Interest.*

This bonus tip sheet accompanies *The Quick & Easy Guide to School Wellness*.  
For details or to order additional copies of the guide, please visit [www.healthyschoolscampaign.org](http://www.healthyschoolscampaign.org) or call 800-HSC-1810.

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## **Appendix H: Emotional Wellness, Food-Allergic Children**

Children can feel a range of emotions associated with their allergy: fear, sadness, anger, and loneliness. The two primary feelings are anxiety and depression.

Several factors can influence the intensity of these emotions, among them the child's own temperament, their experience with allergic reactions, their age and the attitudes of their parents and teachers. Children who are naturally more timid may need additional assurance or coaching to ward off anxiety, while children who are not naturally apprehensive may need parents and teachers to instill a sense of caution. A child who has experienced a severe allergic reaction is more likely to be anxious about their allergy.

Children look to the adults in their lives for cues on how to react to a situation. Confident and matter-of-fact handling of the child's allergy tells them that they can accept their allergy and meet new situations with confidence and sensible caution. Age-appropriate safety education throughout the early years with an allowance of greater responsibility as the child matures will help to build confidence and a sense of control.

Children don't want to be treated differently from classmates; they want to be part of the group and don't want their allergies highlighted. As a child matures, however, feelings of isolation or being different can develop into sadness and deepen into depression. If anxiety or depression affects schoolwork or relationships with friends or family members, parents/guardians may want to seek out professional assistance and support to help their child cope with these feelings.

Parents/Guardians can also help by showing children, through books and music examples of food-allergic people who have not let food allergies hinder them from pursuing their goals. Another way to help children cope with everyday situations is through role-playing: parents and children can practice what to do and say when faced with challenging situations. If a child is invited to a party where food is a big part of the celebrations, parents/guardians can provide appealing and safe options so that the child doesn't feel left out, as well as provide or suggest food that all can eat.

Encouraging children to develop friendships and to participate in activities that they enjoy helps them to define themselves and to mature. Allergies are a part of life that they cannot ignore, but they are just one part. Parents/Guardians and teachers should help children focus on what they can do, not what they can't, and to cheer them on as they follow their dreams.

Support groups are available to help families and educators cope with the challenges of dealing with food allergies. Groups can be found by visiting the Food Allergy Initiative website ([www.faiusa.org](http://www.faiusa.org)) or the Food Allergy and Anaphylaxis Network website ([www.foodallergy.org](http://www.foodallergy.org)).

# Appendix I: Additional Resources

## **American Academy of Allergy, Asthma and Immunology (AAAAI)**

555 East Wells Street  
Suite 1100  
Milwaukee, WI 53202-3823  
(414) 272-6071  
<http://www.aaaai.org>  
[http://www.aaaai.org/patients/resources/fact\\_sheets/food\\_allergy.pdf](http://www.aaaai.org/patients/resources/fact_sheets/food_allergy.pdf)  
[http://www.aaaai.org/members/allied\\_health/tool\\_kit/ppt/](http://www.aaaai.org/members/allied_health/tool_kit/ppt/)

## **Children's Memorial Hospital**

2300 Children's Plaza  
Chicago, IL 60614  
(773) KIDS-DOC  
<http://www.childrensmemorial.org>

## **Food Allergy Initiative**

1414 Avenue of the Americas  
New York, NY 10019  
The largest private source of funding for food allergy research in the United States. Illinois Support Group Listings.  
<http://www.faiusa.org>

## **Food Allergy and Anaphylaxis Network (FAAN)**

10400 Eaton Place, Suite 107  
Fairfax, VA 22030-2208  
(800) 929-4040  
Educational materials including facts and statistics, sample plans, books, presentation tools, posters, etc., for staff, parents and students. Illinois Support Group Listings.  
<http://www.foodallergy.org>

## **FAANKids and FAAN Teen**

Food allergy news from kids and teens from FAAN  
<http://www.faankids.org>  
<http://www.faanteen.org>

## **FDA Recall Web Site**

<https://service.govdelivery.com/service/user.html?code=USFDA>

## **Pharmaceutical Companies and Medical Alert Jewelry**

## **AdrenaClick**

<http://www.adrenaClick.com/>

## **EpiPen and EpiPen, Jr.**

<http://www.epipen.com/>

## **Twinject**

[www.twinject.com](http://www.twinject.com)  
[www.twinjecttraining.com](http://www.twinjecttraining.com)

## **MedicAlert Foundation**

2323 Colorado Avenue  
Turlock, CA 95382  
(888) 633-4298  
[www.MedicAlert.org](http://www.MedicAlert.org)