

Rescue Union School District
Peanut or Tree Nut Allergy Health Plan--Elementary
School Year: _____

Student Name _____ Teacher _____ Grade _____

Home Phone # _____

Mother's Name _____ Work # _____ Cell# _____

Father's Name _____ Work # _____ Cell# _____

Emergency Contacts: (1) _____

(2) _____

Mode of Transportation to School: _____

Yes No Student wears a medical alert I.D. bracelet/necklace.

Healthcare provider treating the student's allergy: _____

Brief medical history of prior signs/symptoms of allergic reaction: _____

Action to be taken at school for allergic reaction:

- Yes No Medications at school. (Note: If medications are prescribed, school staff will follow the healthcare provider's instructions on the medication form.)
- Other: _____

Family Responsibilities:

1. Notify the school of the student's allergy to peanuts/nuts.
2. Provide a signed "Medication at School" form and prescribed medication, if applicable.
3. Replace medication after use or upon expiration.
4. Educate the student about peanut/tree nut allergy and symptoms of allergic reaction.
5. Provide the classroom with a container of "safe" treats for the student.

Student Responsibilities:

1. The student will never trade food with other students.
2. The student will notify an adult immediately if she/he eats a peanut/tree nut product by mistake or thinks she/he is having an allergic reaction.
3. The student will only eat food from his own lunch box or from his "safe" treat box.

Procedures to be Performed by School Personnel:

1. Trained staff is aware of the plan of care and medication administration.
2. If the parent has provided medications for this student, the medications will be located in the health office. The teacher is responsible for taking the medications on field trips.
3. The only food that school staff will give to the student will be food from their "safe" treat box, unless the parent provides written permission that a specific food item may be given to the student.
4. Yes No My child needs to sit at a peanut/tree nut free table in the cafeteria and classroom.
5. Yes No I want the parents of the students in my child's classroom to be notified of my child's peanut/tree nut allergy by having the teacher send home a letter (see sample letter on the reverse side of this page). I want my child's name on the letter that is sent home. Yes No

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

Copy of Care Plan Given to Teacher/Others (list others): Date: _____

Date

Dear Parents,

The purpose of this letter is to inform you about a student in your child's class who has a severe **allergic reaction to peanuts and/or tree nuts**. This allergy could be life threatening. We are going to need everyone's cooperation to ensure a safe educational environment this student.

Please review the following guidelines and share them with your child:

- There will be no sharing of food at school. We have never actually allowed sharing of food, as we feel that you have packed what you would like your child to eat.
- Please do not have you child bring a "snack" containing peanuts, peanut products, or nuts since "snack time" may be in the classroom. If your child does have one of these products for snack, please have your child inform the teacher.
- If your child brings a peanut and/or nut product for lunch, please remind your child to wash his/her hands with soap and water after eating, or provide him/her with a wipe to use when finished eating.
- If your child eats peanut and/or nut products for breakfast, please be sure to wash his/her hands and face before coming to school.

By working together and adhering to these guidelines, we will provide a safe environment this student. If you have any questions, please contact me.

Thank you for your cooperation!

Sincerely,

School Nurse