

Rescue Union School District
Food Allergy Health Plan
Specific Food Allergy _____
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 food 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 food allergy.
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 the food allergy and symptoms of allergic reaction.
5. Provide the classroom with a container of "safe" treats for the student.
6. Complete the "Meal Accommodation" form, if applicable.

Student Responsibilities:

1. The student will never trade food with other students.
2. The student will only eat food provided by the parent or from the student's "safe" treat box.
3. The student will notify an adult immediately if the student thinks she/he is having an allergic reaction.

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 the "safe" treat box, unless the parent provides written permission that a specific food item may be given to the student.

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

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