

Rescue Union School District
Peanut or Tree Nut Allergy Health Plan—Middle School
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.

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.

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. Yes No The student can self-determine what foods he/she will eat at school.
4. Yes No School staff will only give the student food when the parent provides written permission that a specific food item may be given to the student.
5. Yes No My child needs to sit at a peanut/tree nut free table in the cafeteria and classroom.

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

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