



BLAINE COUNTY SCHOOL DISTRICT PARENT RESOURCE PACKET FOR STUDENTS WITH LIFE THREATENING ALLERGIES

This publication contains guidelines and forms for parents, when they have children with life threatening allergies attend our schools.

Definition of life-threatening health condition: A condition that will put the child in danger of death during the school day if a medication or treatment is not in place.

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LIFE THREATENING ALLERGY INTRODUCTION

Life threatening **allergies** and the incidence of anaphylactic shock seem to be on the rise. The intent of these **guidelines** is to maximize the safety of all children. Our records indicate that your child may have a potentially life threatening health condition.

THE FOLLOWING FORMS MUST BE COMPLETED AND RETURNED TO SCHOOL:

(This information must be reviewed/approved by the school nurse before your child can attend school. These forms are available from your school secretary or in the Appendices of this publication).

- Special Field Trip Consent Form**
- Food Allergy Action Plan**
- Medication Form**
- Asthma Inhaler Agreement**
- Medical Statement to Request Special Meals**
- Student Health Assessment**

It is the parent's responsibility to alert other school programs that their child has a health condition and/or a Food Allergy Action Plan in place. Such programs may include Kidshop, HUB activities, after school sports and clubs.

Please report immediately any changes needed in emergency contact information, medication, health status, etc. to the school office.

Please read this publication thoroughly and be sure to bring any questions to your child's teacher, school nurse or administrator.

Thank you for your assistance in helping us to provide a safer school experience for your child.

AWARENESS, PREVENTION, and EMERGENCY PREPAREDNESS

By working together, parents, students, medical professionals, school district team members, and community partners can create a safer and more nurturing environment for all of our students, including those with life threatening **allergies**. The first two keys to this safer environment are awareness and prevention.

Awareness means that students, staff, and the community become more aware of the impact of life threatening **allergies** and a better understanding of its impact and implication to students and families who have to live with this condition. It also means that key school team members know who in their school community has a life threatening allergy.

Prevention addresses the need to limit or avoid possible exposure of students with life threatening **allergies** to their allergen. The school district has reviewed and will continue to update key procedures and forms that help protect these students. One of the key ways to help prevent allergy problems in school is for the parent to ensure that all the necessary health information and forms are updated each year. We strongly encourage each family to provide the school a completed Food Allergy Action Plan along with required medication and a completed medication request form before their child with a life-threatening allergy can attend school.

Another key to prevention is for the family to **provide meals and snack items from home** if possible. Many allergists recommend this, and foods provided from home offer the safest option for students with life threatening **allergies**.

Unfortunately, total avoidance is simply not possible because many of the offending substances are so widespread or hidden in our daily environments. That is why **Emergency Preparedness** is so important. Each child with life threatening **allergies** will have a Food Allergy Action Plan in place, and key school team members will be trained.

TEAM RESPONSIBILITIES

Family's Responsibility

- Notify the school of the child's **allergies**.
- Work with the school team to develop a plan that accommodates the child's needs throughout the school, including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus, as well as a Food Allergy Action Plan (FAAP).
- Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide.
- Provide small photo of the child to be used on the FAAP (approx. 1½" x 2") District Health Office can provide the photograph, if needed.
- Replace medications after use or upon expiration.
- Ensure all necessary enrollment forms are filled out accurately and updated annually.
- Educate the child in the self-management of their food allergy including:
 - Safe and unsafe food.
 - Strategies for avoiding exposure to unsafe foods.
 - Symptoms of allergic reactions.
 - How and when to tell an adult they may be having an allergy related problem.
 - How to read food labels (age appropriate).
 - Review policies/procedures and FAAP with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.
- Ensure student information and necessary forms are provided if the child transfers **schools** at any time during the school year.
- Notify school staff of any changes in the FAAP including emergency contact phone numbers.
- Share food allergy information including a copy of the FAAP and medication orders with all after school programs/activities and transportation department.
- Provide safe snacks for classroom parties and other special events.
- Provide safe meals from home, if possible. This is the safest option for a child with life threatening **allergies**.
- Work with kitchen staff and district nutrition services to ensure safe school meal options are selected if the child will eat at school.

Student's Responsibility

- Should not share or trade food or eating utensils with others.
- Should not eat anything with unknown ingredients or known to contain any allergen.
- Should be proactive in the care and management of their food **allergies** and reactions based on their developmental level.
- Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.
- Should notify an adult if they are being picked on or threatened by other students as it relates to their food allergy.
- Should notify an adult if you feel like you are having a reaction or symptoms with a reaction progressing.

Principal's Procedures/Responsibility

The building principal is the key care team coordinator that pulls together the building, district, and school community team members that can best serve the particular student and circumstance.

Key responsibilities are:

- Meet with parents and **LISTEN** to their needs and concerns. They often have become an expert on their child's specific allergy.
- Establish a team. (Could include: Parent, Principal, Teacher, Student, Counselor, Nurse, Aid, Kitchen Manager)
- Help parent understand possible 504 implications.
- Inform parent after all required forms have been received that their child may begin attending school.
- Develop school accommodation plan: Lunchroom, classroom, lunch menu, special events, parties, field trips, and science kits.
- Ensure necessary paperwork is completed/updated prior to attendance each year: Enrollment forms, FAAP, Medication forms.
- Principal and Nurse ensure Training takes place annually for all staff and as needed: Emergency medications (i.e. Epi-Pen), FAAP, Accommodation Plan at school.
- Principal and Nurse will ensure medications are stored appropriately, are accessible, and staff knows where they are located.
- Ensure district procedures for special events are followed: Field trip plans, parties, and special events.
- Ensure Food Allergy Action Plans are in designated areas, key staff are trained, and staff practice the FAAP at least once as early in the school year as possible.
- Ensure new staff and substitutes are alerted.
- Ensure 504 plans are developed and in place including district medication form completed by doctor and signed by parents.
- All staff need to know what students in the building have life threatening allergies. Student photos should be made available.

Office Staff's Procedures/Responsibility

- Review Enrollment forms and identify students with life threatening **allergies**.
- Hand out a complete Life Threatening allergy packet to parent and explain that we strongly encourage the **required forms be returned and approved by the school nurse prior to the child attending school**.
- Notify the principal, nurse, and teacher immediately that a student with a life threatening allergy will be enrolling (email or call).
- Immediately inform nurse and 504 director, that the completed paper work is available.
- Ensure all care plans are on file in the designated notebook and easily accessible.
- Prompt entry of health codes into SASI.

Nurse's Procedures/Responsibility

The nurse is the key resource for medical direction and staff/student training. The nurse **MUST** be contacted as soon as a student is identified with an allergy. Key responsibilities are:

- Work with principal, counselor, social workers, teachers and parents to develop an FAAP and a 504 plan.
- Review and approve FAAP, medication and 504 forms as submitted.
- Distribute FAAP and medication request forms to appropriate staff.

- Train staff in using emergency medications and FAAP.
- Review FAAP annually and update as needed. Communicate with parents and medical professionals as needed.
- Principal and Nurse ensure training takes place annually for all staff and as needed: Emergency medications (i.e. Epi-Pen), FAAP, Accommodation Plan at school.
- Principal and Nurse will ensure medications are stored appropriately, are accessible, and staff knows where they are located.
- Monitor emergency medication expiration dates.
- Resource to school staff in accommodating student needs.

Teacher's Procedures/Responsibility

The teacher has the greatest impact on the student and classroom environment. Making the school a place where the student can be accepted is very important. Key responsibilities are:

- Understand parent and student needs.
- In the event a student has an allergic reaction at school, **administer emergency medication** (i.e. antihistamine and Epi-Pen) as ordered by the student's physician; then **call 911 or do both simultaneously**.
- Know the Food Allergy Action Plan (FAAP) and school/classroom accommodations. **NOTE:** All FAAP's and life threatening allergy information should be on **orange** paper.
- Inform substitutes of the plan(s) and ensure all paper work is current and available.
- Help educate students about **allergies** and peer pressure. (Video and school nurse presentations available)
- Review/rethink lesson plans and field trips in regard to foods and eliminate allergy foods whenever possible.
- Be prepared for special events (parties) and field trips. The greatest risk for a student to have an allergic reaction is when class activity is outside the normal routine. A child with a life threatening food allergy should **NEVER eat unexamined food** that has been brought in for special events, parties, field trips, etc.
- Only use approved forms for meal requests (Special Order Sack Lunches, Testing Snacks, Outdoor Educational Camp).
- Emphasize hand washing and surface washing before and after eating or handling food.
- Train all students not to share food or eating utensils.
- Review craft and science projects in regards to specific food **allergies**.
- Practice the Food Allergy Action Plan at least once as early in the school year as possible.
- Know the location of all Emergency information and medications.
- Know how medications are accessed after normal school hours and on special trips
- Know how to contact emergency services at school or on a field trip.
 1. Do you dial "9" first?
 2. Know how to contact emergency services throughout the full course of your field trip.
 3. Is 9-1-1 available throughout the entire itinerary? If not, what is the number to dial for the local emergency response service?
 4. Be aware that your cell phone may not be operational in all areas.
 5. **Know your alternatives.**
- Ensure compliance with district field trip procedures.

Nutrition Services Procedures/Responsibility

The Nutrition Service Department has access to educational resources and staff that are trained in nutrition, labeling, and food production. Their role is to clearly communicate with the principals, staff and parent what allergens exist on the school menus. The Nutrition Service Department monitors product weekly to flag any potential menu item that might be a risk to students and staff. Suppliers often substitute food product due to delivery constraints or warehouse issues. While the Nutrition Service Department cannot be responsible for these products we are working closely with our vendors to prevent product substitutions. The Department cannot ensure your child's safety. Please contact the Nutrition Services Department if you have questions or concerns.

Key Responsibilities are:

- Analyze of the ingredients of school food items.
- Seek to understand food allergy vs. food intolerance for each student.
- Train Kitchen Staff and Manager to identify potential reactive items based on the FAAP's and Special Meal Accommodations forms that are provided to the kitchen.
- Ensure the Request for Special Meals and/or Accommodations form is filled out and is on file at the District Nutrition Services Office as well as the Kitchen Office.
- Compare Request for Special Meals forms with data in the meal accounting program to flag potential hazardous allergen when student is purchasing a meal.
- The Kitchen Manager will participate when available in the student's care team meeting.
- The Director and Kitchen Manager will meet with parents, student and administration annually to review completed forms and discuss with administration action and emergency plans.
- Prevent cross contamination of allergenic food products.
- Work with State and Federal agencies to keep informed about issues concerning child nutrition and food allergies.

We currently have diet plans for the following allergens:

peanut/tree nut	diabetes
wheat	lactose
soybean	bananas
cucumber	seafood/shrimp
oranges	corn
potatoes	

The Nutrition Services Department strives to provide a safe and healthy nutritional environment for the administration, staff and students of the Blaine County School District. We are happy to discuss potential allergens, and nutritional needs for your child.

**Nutrition Services Department
Blaine County School District
1060 Fox Acres Rd Suite 1010
Hailey, ID 83333
(208) 578-5430**

RESOURCES

The Food Allergy and Anaphylaxis Network (FAAN). FAN is a great resource for current research, informational newsletter, support groups, and information of food products. Their phone number is 800-929-4040, and the Web address is: www.foodallergy.org

Allergy, Asthma Information Association of Canada. (AAIA)
<http://cgi.cadvision.com/allergy/aaia.html>

American Academy of Allergy, Asthma and Immunology. (AAAAI). <http://www.aaaai.org>

National Association of School Nurses. <http://www.nasn.org>

Asthma & Allergy Foundation of America. <http://www.aafa.org>

Inland Food Allergy Support Team. Local eastern Washington support group. www.i-fast.org

- [**The Food Allergy & Anaphylaxis Network \(FAAN\)**](#)
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- [**Allergy, Asthma Information Association of Canada \(AAIA\)**](#)
- [**American Academy of Allergy, Asthma & Immunology \(AAAAI\)**](#)
- [**National Association of School Nurses \(NASN\)**](#)
- [**Asthma & Allergy Foundation of America \(AFA\)**](#)
- [**Inland Food Allergy Support Team \(I-FAST\)**](#)
Local eastern Washington support group.
- [**Spokane Public Schools Nutrition Services**](#)
Current food allergy procedures, forms, and information available on the web.
- [**Food & Drug Administration's Website**](#)
- [**Food Anaphylaxis Education's Website**](#)



MEDICAL ALERT FOR GUEST TEACHERS
FOOD ALLERGY
***Confidential**

Student: _____

This student has a life threatening allergy to: _____

This student has an "Emergency Action Plan" on file.

To ensure this student's safety please follow these instructions:

- If you have recently eaten, please wash your hands with soap and water.
- No food allergy causing foods are allowed in the classroom.
- Students are not allowed to share food.
- Staff and children are to wash with soap and water after eating.

EMERGENCY INSTRUCTIONS

- **IF AN ALLERGIC REACTION OR INGESTION OF ALLERGEN IS SUSPECTED: CALL THE OFFICE IMMEDIATELY**
- **Trained school staff must administer emergency medications immediately.**

SIGNS AND SYMPTOMS OF AN ALLERGIC REACTION:

MAY INCLUDE ANY OF THE FOLLOWING:

MILD SYMPTOMS*:

- MILD SKIN REACTIONS- Hives only in the areas of food contact, itching and swellings only around the face or lips.

SERIOUS SYMPTOMS:

- SKIN- wide spread hives and flushing, widespread swellings
- MOUTH- swelling of the tongue
- THROAT- itching, tightness in the throat, hoarseness, hacking cough.
- GUT- vomiting, nausea, cramps, diarrhea
- LUNGS- repetitive cough, wheezing, trouble breathing
- HEART- rapid heart rate, lightheadedness and dizziness

**CALL 911 IF ANY SERIOUS SYMPTOMS NOTICED
THE SEVERITY OF SYMPTOMS CAN QUICKLY CHANGE
ALL ABOVE SYMPTOMS CAN POTENTIALLY PROGRESS TO A LIFE
THREATENING SITUATION.**

*This medical information can be shared with staff "who need to know"

**Blaine County School District
Parental Field Trip Permission Slip**

_____ has permission to attend the
Student Name

_____ field trip to _____
School Activity

On _____ Date. This field trip was designed for the students to

Participate in _____
Educational Value

The students will leave the school around _____ and will return to the
Time

School by _____
Time

The students will need to bring the following items on the field trip with them.

****Remember NO EATING on the bus unless permitted by the teacher for longer trips.**

Please sign below if you would like your child to attend this field trip.

_____ Parents Signature

_____ Telephone Number

Would you like to chaperone? Yes No

Have this permission slip returned to your teacher by: _____
Date

**El Distrito de la Escuela del Condado del Blaine
El Permiso Parental para Excursiones**

_____ está autorizado para asistir lo

Nombre del estudiante

_____ el excursion para _____
La escuela La actividad

El _____.
fecha

Este excursion fue diseñado para que los estudiantes participen en

_____ Valor educacional

Los estudiantes dejarán a la escuela aproximadamente _____ y
regresarán a la escuela _____.
la hora la hora

Los estudiantes necesitarán traer los siguientes artículos en la excursion con ellos.

*** Recuerdan NO COMIENDO en el autobús a menos que permitido por el maestro para los viajes más largos.**

Por favor firme debajo si a usted le gustaría que su niño asista a este excursion.

La Firma de Padres

¿Le gustaría a usted hacer de chaperón? Sí No

Tenga que devolvió esta permiso a su maestro por : _____
Fecha



Parent/Guardian Instructional Field Trip Permission Form

Name of Student (Please Print)

Name of Parent/Guardian (Please Print)

I, the undersigned parent or guardian of the above named student, give my permission for my student to participate in the instructional field trip described as follows:

Date of trip: _____

Destination and activities: _____

Medical Information and Release

The following special health problems concerning my student should be noted – **if none, you must check "none"** below.

___ Heart Conditions

___ Allergy (specify below whether food, bee sting, etc.)

___ Hemophilia

___ Asthma

___ Diabetes

___ Other

___ None

Describe condition noted above with particularity, including any medications or other instructions:

In the event of a medical emergency, I hereby authorize the teacher/chaperone attending to my student on the trip to secure medical attention or hospitalization for my child.

My child's physician is: _____, at _____
Physician's phone number

My phone numbers are: _____
Home Work Cellular

I understand the District does not provide medical insurance for my student for purposes of this trip, and I am solely responsible for providing such insurance and for payment of any medical treatment expenses for my student that are not covered by insurance.

I have read the foregoing information, verify its accuracy, and agree to the statements made above.

X _____
Parent/Guardian Signature

Date signed



El Padre /guardián Instructional La Forma de Permiso de Excursión

El Nombre de Estudiante

El Nombre de El Padres o Guardian

Yo, el guardián o padre abajo firmante del arriba estudiante nombrado, doy mi permiso para que mi estudiante participe de la excursión instructiva descrita como sigue:

La fecha de excursión: _____

El destino y las actividades: _____

El cesion e Información Médica

Los siguientes problemas especiales de salud concirniendo a mi estudiante deberían ser notados – **si ninguno, usted no debe dar jaque “ ninguno ”** debajo.

___ Los Problemas Cardíacos
aguijón de la abeja, etc.

___ La alergia (especifique debajo ya sea de comida,

___ la hemofilia

___ El asma

___ la diabetes

___ Otro

___ Ninguno

Describa condición notable citada anteriormente con en particular, incluyendo cualquier medicamentos u otras instrucciones:

En el caso de una emergencia médica, por este medio autorizo al maestro /señora de compañía asistiendo para mi estudiante en la excursión para obtener atención médica u hospitalización para mi niño.

El médico de mi niño es: _____, En _____
El número de teléfono del doctor

Mis números de teléfono son: _____
La casa El trabajo El celular

Entiendo que el Distrito no provee seguro médico para mi estudiante para los propósitos de esta excursión, y soy solamente responsable de proveer tal seguro y de pago de cualquier gastos de tratamiento médico para mi estudiante que no está al amparo de seguro.

He leído la anterior información, verifico su exactitud, y estoy de acuerdo en las declaraciones hecho arriba.

X _____
La Firma del Padre /guardián



Field Trip Check List for Life Threatening Health Conditions

Key reminders:

1. **Plan Ahead, use your plan.**
2. **Call 9-1-1 in an emergency. When in doubt, CALL.**

Check List:

- Emergency Action Plans (EAP) or Food Allergy Action Plan (FAAP) for all students with plans.
- Emergency Medications.
- If district provided food is necessary, use the Sack Lunch Order Form to request appropriate food.
- Verify district provided food is received and appropriate for students with life threatening conditions.
- First Aid Trained Person or students' parent.
- Cell phone must be available (Confirm coverage area for trip).
- Determine how to contact emergency services, to and from location.
- Call 9-1-1 if an emergency arises (confirm 9-1-1 is available).
- Verify ALL student health issues, and inform all participating teachers.
- Trained DISTRICT staff must be available to administer student meds.
- Remember: Parent volunteers should not be assigned responsibility for students with life threatening conditions or students needing medication.
- Bring a copy of the current classroom health query from SASI
- School nurse should be notified prior to class field trip.



MEDICAL ALERT TO: PARENTS

Date:

Dear Parent/Guardian-

This letter is to inform you that a student in your child's classroom has a severe food allergy to _____
Which could be life threatening.

It is our goal to ensure that every student in our school is safe. Because this student cannot be in contact with foods containing this/these allergen (s), we are requesting that you avoid, if possible, sending these foods to school for snacks or treats.

Even trace elements of these products 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.
- Hand washing with soap and water, after eating, is necessary to decrease the change 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. If you have any questions or concerns please call.

Sincerely,

Food Allergy Action Plan

Student's

Name: _____ D.O.B: _____ Teacher: _____

Place
Child's
Picture
Here

ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

Symptoms:

- If a food allergen has been ingested, but *no symptoms*:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat † Tightening of throat, hoarseness, hacking cough
- Lung † Shortness of breath, repetitive coughing, wheezing
- Heart † Thready pulse, low blood pressure, fainting, pale, blueness
- Other † _____
- If reaction is progressing (several of the above areas affected), give

Give Checked Medication**:

- | | |
|---------------------------------|--|
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> EpiPen | <input type="checkbox"/> Antihistamine |

To be
determined
by physician
authorizing
treatment

The severity of symptoms can quickly change. † Potentially life-threatening.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen EpiPen Jr. (see reverse side for instructions)

Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed)

2. Dr. _____ at _____

3. Emergency contacts:

Name/Relationship	Phone Number(s)
a. _____	1.) _____ 2.) _____
b. _____	1.) _____ 2.) _____
c. _____	1.) _____ 2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____

Date _____

Doctor's Signature _____

(Required)

Date _____

TRAINED STAFF MEMBERS

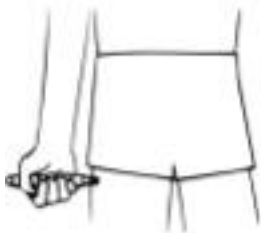
- | | |
|----------|------------|
| 1. _____ | Room _____ |
| 2. _____ | Room _____ |
| 3. _____ | Room _____ |

EPIPEN® AND EPIPEN® JR. DIRECTIONS

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.
- Once EpiPen® is used, call the Rescue Squad. State additional epinephrine may be needed. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.



***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*

Plan de emergencia contra alérgenos alimenticios

Nombre del estudiante: _____
Fecha de nacimiento: _____ Profesor: _____

Coloque la
foto del
niño aquí.

ALERGIA: _____

Asmático Sí* No *Alto riesgo de sufrir una reacción alérgica grave

◆ PASO 1: TRATAMIENTO ◆

Será determinado por el médico que autorice el tratamiento.

Síntomas:

Administre el medicamento indicado**:

- Si ha ingerido un alérgeno alimenticio pero *no aparecen síntomas*: EpiPen Antihistamínico
- Boca picazón e inflamación en los labios, la lengua o boca EpiPen Antihistamínico
- Piel ronchas, erupción de la piel con picazón y/o hinchazón en la cara o extremidades EpiPen Antihistamínico
- Intestino náusea, retortijón abdominal, vómitos y/o diarrea EpiPen Antihistamínico
- Garganta picazón y/o sensación de tirantez en la garganta, ronquera y tos seca recurrente EpiPen Antihistamínico
- Pulmón falta de respiración, tos repetitiva y/o respiración sibilante EpiPen Antihistamínico
- Corazón pulso filiforme, desmayo, palidez, baja presión, piel azulada
- Otro _____ EpiPen Antihistamínico
- Si la reacción avanza (afectando a varias de las áreas arriba mencionadas), administre EpiPen Antihistamínico

La gravedad de los síntomas puede cambiar rápidamente. *Estos síntomas pueden progresar y poner en peligro su vida.

DOSIS

Epinefrina: Inyecte el EpiPen o EpiPen Jr. por vía intramuscular (indique uno). (Si desea consultar las instrucciones completas, lea al dorso).

Antihistamínico: administre _____
medicamento, dosis, vía de administración

Otro: administre _____
medicamento, dosis, vía de administración

◆ PASO 2: LLAMADAS DE EMERGENCIA ◆

1. LLame al 911 o al servicio público de ambulancias (Rescue Squad). Indique que la reacción alérgica ha sido tratada per que puede ser necesaria una dosis adicional de epinefrina.

2. Dr. _____ al _____

3. Contactos de emergencia:

Nombre/Parentesco familiar	Teléfonos	
a. _____	1.) _____	2.) _____
b. _____	1.) _____	2.) _____
c. _____	1.) _____	2.) _____

**NO VACILE EN SUMINISTRAR EL MEDICAMENTO O EN LLAMAR A UNA AMBULANCIA
AUN CUANDO NO PUEDE LOCALIZAR A LOS PADRES O AL DOCTOR**

Firma del padre o la madre / guardián _____

Fecha _____

Firma del doctor _____
(Necesaria)

Fecha _____

MIEMBROS DEL PERSONAL CAPACITADOS

1. _____

Sala _____

2. _____

Sala _____

3. _____

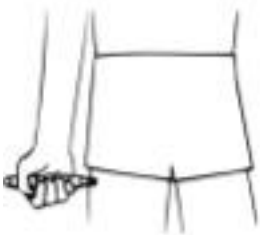
Sala _____

**INSTRUCCIONES PARA EL USO DEL
AUTOINYECTOR EPIPEN® Y EPIPEN® JR.**

- **Jale la tapa de seguridad gris.**



- **Coloque la punta negra sobre la parte exterior de su muslo (siempre inyecte sobre el muslo)**



- **Presione fuerte hacia adentro, en la parte exterior de su muslo, con un movimiento rápido hasta que funcione el mecanismo autoinyector del EpiPen®. Sostenga el inyector en su lugar sin moverlo y cuente hasta 10. Luego retire el inyector EpiPen® y masajee la zona inyectada por durante 10 segundos.**
- **Después de usar el inyector EpiPen®, llame al servicio público de ambulancias (Rescue Squad). Indique que es posible que se necesite más epinefrina. Lleve el inyector EpiPen usado a la sala de emergencia. Usted deberá permanecer en observación durante por lo menos 4 horas en la sala de emergencia.**

Para los niños que son alérgicos a varios alimentos, utilice un formulario para cada alimento.

***Lista de verificación de medicamentos adaptada del formulario Authorization of Emergency Treatment (Autorización para tratamientos de emergencia) desarrollado por la Mount Sinai School of Medicine (Escuela de medicina de Mount Sinai). Uso autorizado.*





Physician's Order for *Prescription and Non-Prescription Medications Given in School*

Note to parent or guardian:

The provision of medication to students during school hours is discouraged. However, our school recognizes those special cases where the student's physician documents a need for in-school dosing.

1. It is the policy of our school district to maintain a signed order for *each* medication that school personnel are asked to dispense during school hours. This form must be completed, signed, and returned to your child's school **before** any medications can be given. This form must be renewed each school year.
2. The medication must be sent to school in its *original* container.

Student's Name: _____ Birth Date: _____

School: _____ Grade: _____

Teacher: _____

To be completed by the physician or authorized prescriber

Diagnosis (or reason for medication): _____

Name of medication: _____

Form of medication/treatment:

Tablet/capsule Liquid Inhaler Injection Nebulizer Other

Instructions (Schedule and dose to be given at school): _____

Restrictions and/or other important side effects:

- None anticipated
 Yes. Please describe: _____

Storage requirements: None Refrigerate

Junior and Senior High Students ONLY

∫ This student is both capable and responsible for self-administering this medication.

No Yes, supervised Yes, unsupervised

∫ Because of the need for immediate access by this student, this medication should:

- Be kept in the student's classroom Be kept in the school office
 Be kept in the student's desk

Physician's signature _____

Address: _____ Phone #: _____

To be completed by the parent/guardian

I give permission for my child to receive the above medication at school according to school policy.

Date: _____ Signature: _____ Relationship: _____



Sample Directions for K-8 Students

Attention Parents:

Blaine County School District has revised the medication policy. Attached you will find the new release form for the administering of prescription or non-prescription medication at school. No medication will be administered unless the following guidelines have been met.

- A request for medication at school form must be completed and signed by the parent/guardian and physician. The physician's order must be renewed annually. Dosage changes require a new physician's order.
- One form must be completed for each medication and must be signed by the physician prior to administration of medication.
- All medication must be received at school in its original prescription container. Medications should be brought to the school by the parent/guardian. The original medication container must have the student's name, physician's name, drug name, schedule of administration, dosage, and date clearly marked. If this information is not clearly displayed, the school will refuse to accept the medication.
- Medications administered by school personnel will be kept in a locked storage compartment in the school office. Please bring all medications directly to the office.

Please keep the attached form in case you need it throughout the year.
Thanks for your support.



Ejemplo Direcciones para K-8 Estudiantes

Los Padres de Atención:

El Distrito Escolar del Condado de Blaine ha revisado la política de medicación. Adjunta al presente usted encontrará la forma nueva de cesión para lo administrando de receta o medicación disponible sin receta en escuela. Ninguna medicación será administrada a menos que las siguientes líneas directivas han sido encontradas.

- **Una petición para medicación en forma de la escuela debe ser completada y firmada por el padre /guardián y el médico. La orden del médico debe ser renovada anualmente. Los cambios de la dosis requieren la orden de un médico nuevo.**
- **Una forma debe ser completada para cada medicación y debe ser firmada por el médico antes de administración de medicación.**
- **Toda mediación debe ser recibida en escuela en su envase original de prescripción. Los medicamentos deberían ser traídos para la escuela por el padre /guardián. El envase original de medicación debe tener el nombre del estudiante, el nombre del médico, el nombre de la droga, programa de administración, dosis, y la fecha claramente marcado. Si esta información de adentro no claramente exhibido, la escuela negará a aceptar la medicación.**
- **La medicina administrada por personal de la escuela será guardada en un compartimiento cerrado de almacenamiento en la oficina de la escuela. Por favor traiga todos los medicamentos directamente para la oficina.**

Por favor guarde la forma adjunta en caso que usted la necesita durante todo el año. Gracias por su apoyo.



Sample Directions for high school students Administration of Medication in School

Ideally, all medication should be given at home. There are students who will need to be given medications during the school day.

The purpose of administering medications in school is to help each child maintain an optimal state of health that may enhance his/her educational plan. If your student needs to take a prescription medication at school, please fill out the enclosed "Physician's Order for Prescription and Non-Prescription Medications Given in School" form. The physician and parent need to fill out the form. This would include inhalers, epi-pens, insulin, and any medical medications.

Students that need to take non-prescription medications while at school need to have the same form filled out and the parent needs to sign and return the form to the office. This would be over-the-counter medication. Many students at the high school will be taking their medications unsupervised if they have the "Physician's Order for Prescription and Non-prescription Medications Given in School" form filled out.

If your student needs help with his/her medication during the school day, the medication must be received at the school in its original prescription container. Medications should be brought to school by the parent or guardian. The original medication container must have the student's name, physician's name, drug name, schedule of administration, dosage, and date clearly marked. If this information is not clearly displayed, the school will refuse to accept the medication. School personnel will administer the medication; keep the medication locked up, and in the school office.

Because the school is a drug free school, please fill out the "Physician's Order for Prescription and Non-Prescription Medications," sign, and return to the school office to keep on file for the school year. This would prevent problems if your student is seen taking any kind of medication.

**Please call the school if you have any questions.
Thank you.**



Un ejemplo de Direcciones para estudiantes de la escuela secundaria La Administración de Medicación en la escuela

Idealmente, toda medicación debería ser dada en casa. Hay a estudiantes que necesitarán serles dados medicamentos durante el día de clases.

El propósito de administrar medicaciones en escuela es ayudar a cada niño mantiene un estado óptimo de salud que puede realzar lo de él / su plan educativo. Si su estudiante necesita tomar una medicación de prescripción en escuela, por favor complemente la forma de la Orden del Doctor adjunto para Prescripción y la Medicina Disponible sin Receta administrada en Escuela. El médico y el padre necesitan llenar la forma. Esto incluiría inhalantes, epi-pen, de insulina, y cualquier remedios médicos.

Los estudiantes que necesitan tomar medicamentos disponibles sin receta mientras en la necesidad de la escuela para tener la misma forma llenado y que el padre necesita firmar y devolver la forma a la oficina. Ésta sería medicación disponible sin receta. Muchos estudiantes en la escuela secundaria tomarán sus medicamentos sin supervisión si tienen la forma " Orden del Doctor para Prescripción y Disponible sin Receta Medicaciones" Entregado por la escuela.

Si su estudiante necesita ayudar con lo de él / su medicación durante el día de clases, la medicación debe ser recibida en la escuela en su envase original de receta. Las medicaciones deberían ser traídas para instruir por el padre o el guardián. El envase original de medicación debe tener el nombre del estudiante, el nombre del médico, el nombre de droga, programar de gerencia, dosis, y la fecha claramente marcado. Si esta información no es claramente exhibida, la escuela se negará a aceptar la medicación. El personal de la escuela administrará la medicación; Mantenga la medicación a la que se le echó llave, y en la oficina de la escuela.

Puesto que la escuela es una escuela sin drogas, por favor complemente " la Orden del Doctor para Prescripción y Medicaciones Disponible sin Receta, " firma, y el regreso para la oficina de la escuela mantener puesto archivo para el año escolar. Esto impediría problemas si su estudiante se vea tomando cualquier clase de medicación.

Por favor llame a la escuela si usted tiene cualquier preguntas.



Physician's Order for *Prescription* and *Non-Prescription* Medications Given in School

Note to parent or guardian:

The provision of medication to students during school hours is discouraged. However, our school recognizes those special cases where the student's physician documents a need for in-school dosing.

1. It is the policy of our school district to maintain a signed order for *each* medication that school personnel are asked to dispense during school hours. This form *must* be completed, signed, and returned to your child's school **before** any medications can be given. This form must be renewed each school year.
2. The medication must be sent to school in its *original* container.

Student's Name: _____ Birth Date: _____
 School: _____ Grade: _____
 Teacher: _____

To be completed by the physician or authorized prescriber

➤ **Diagnosis** (or reason for medication): _____

➤ **Name of medication:** _____

Form of medication/treatment:

- Tablet/capsule Liquid Inhaler Injection Nebulizer Other

➤ **Instructions** (Schedule and dose to be given at school): _____

➤ **Restrictions** and/or other important side effects:

- None anticipated
 Yes. Please describe: _____

➤ **Storage requirements:** None Refrigerate

Junior and Senior High Students ONLY

➤ This student is both capable and responsible for self-administering this medication.

- No Yes, supervised Yes, unsupervised

➤ Because of the need for immediate access by this student, this medication should:

- Be kept in the student's classroom Be kept in the school office
 Be kept in the student's desk

Physician's signature _____

Address: _____ Phone #: _____

To be completed by the parent/guardian

I give permission for my child to receive the above medication at school according to school policy.

Date: _____ Signature: _____ Relationship: _____



IMPORTANT NOTICE TO PARENTS
Concerning
Medical Insurance and Student Injuries

Even with the greatest precautions and the closest supervision, accidents can and do happen at school. They are a fact of life and a part of the growing-up process our children go through.

Parents need to be aware of this and be prepared for possible medical expenses that may arise should their child be injured at school.

The Blaine County School District does not provide medical insurance to automatically pay for medical expenses when students are injured at school. This is the responsibility of the parents or legal guardians. The District carries only legal liability insurance.

The District does make student medical insurance available to families for their individual purchase. Brochures outlining the coverage and premiums are included in this folder.

Parents, please be prepared to pay for your child's possible medical expenses.

I have read and understand this notice.

SIGNED (Parent or Legal Guardian)

DATE

CHILD'S NAME

TEACHER



Student Asthma Action Plan



Name: _____ Grade: _____ Age: _____

Teacher: _____ Room: _____

Parent/Guardian: Name: _____ Ph: (H) _____

Address: _____ Ph: (W) _____

Parent/Guardian: Name: _____ Ph: (H) _____

Address: _____ Ph: (W) _____

Emergency Phone Contact: _____

Name	Relationship	Phone
------	--------------	-------

Emergency Phone Contact: _____

Name	Relationship	Phone
------	--------------	-------

Physician Student Sees for Asthma: _____ Ph: _____

Other Physician: _____ Ph: _____

Daily Asthma Management Plan

➤ **Identify the things that start an asthma episode (check each that applies to the student):**

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Strong odors or fumes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Respiratory infections | <input type="checkbox"/> Chalk dust | _____ |
| <input type="checkbox"/> Change in temperature | <input type="checkbox"/> Carpets in the room | _____ |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Pollens | |
| <input type="checkbox"/> Food _____ | <input type="checkbox"/> Molds | |

Comments

➤ **Control of School Environment**

(List any environmental control measures, pre-medications, and/or dietary restrictions that the student needs to prevent an asthma episode.)

➤ **Peak Flow Monitoring**

Personal Best Peak Flow number: _____

Monitoring Times: _____

➤ **Daily Medication Plan**

	Name	Amount	When to Use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____



**MEDICAL STATEMENT TO
REQUEST SPECIAL MEALS and/or ACCOMMODATIONS**

(1) Name of Participant	(2) Age or DOB	(3) Sponsor	(4) Site
(5) Name of Parent , Guardian, or Auth. Rep.	(6) Telephone (Parent , Guardian, or Auth. Rep.) ()		(7) Site Telephone Number ()

() **Must check one:**

Participant is disabled or has a medical condition and *requires* a special meal or accommodation. (Refer to definition on reverse side of this form.) Sponsors must comply with requests for special meals and any adaptive equipment. **A licensed physician must sign this form.**

Participant is not disabled, but is *requesting* a special meal or accommodation. An example may include a food intolerance. However, food preferences are not included as an example. Sponsors are encouraged to accommodate reasonable requests. **A licensed physician, physician's assistant, registered dietitian or registered nurse must sign this form.**

(9) Disability or medical condition requiring a special meal or accommodation: _____

(10) If participant is disabled, provide a brief description of participant's major life activity affected by disability:

(11) Diet prescription and/or accommodation: (Please describe in detail to ensure proper implementation.) _____

(12) Indicate texture: Regular Chopped Ground Pureed

Foods to be omitted and substitutions: Please list specific foods to be omitted and suggest substitutions. You may use the back of this form or attach a sheet with additional information.

(13) Foods to be omitted

(14)

Suggested substitutions

(15) Adaptive Equipment: _____

(16) Signature of Preparer*	(17) Printed Name	(18) Telephone ()	(19) Date
(20) Signature of Medical Authority*	(21) Printed Name	(22) Telephone ()	(23) Date

***Physician's signature is required for participants with a disability. For non-disabled participants, a licensed physician, physician's assistant, or registered nurse must sign the form.**

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

INSTRUCTIONS

- 1) Name of participant
- 2) Age of participant . For infants, please use DOB (Date of Birth).
- 3) Sponsor
- 4) Site: Site where meal will be served (e.g., school site, child care center, community center, etc.)
- 5) Name of Parent, Guardian, or Authorized Representative
- 6) Telephone: Telephone number of guardian, parent, or authorized representative.
- 7) Site Telephone: Telephone number of site where meal will be served. See #4.
- 8) Check : Check whether participant is disabled or not disabled.
- 9) Disability or Medical Condition Requiring a Special Meal: Describe medical condition that requires a special meal or accommodation. (E.g., juvenile diabetes, allergy to peanuts).
- 10) If Participant is Disabled, Provide a Brief Description of Participant's Major Life Activity Affected by Disability: Describe how physical condition affects disability. For example: "Allergy to peanuts causes anaphyloid shock which causes trouble breathing, choking, and potential death unless epinephrine injection is given immediately to the child and the child is sent to the emergency room for follow-up treatment."
- 11) Diet Prescription and/or Accommodation: Describe specific diet or accommodation that has been prescribed by a physician or describe diet modification requested for a non-disabling condition. For example, "All foods must be either in liquid or pureed form. Child cannot consume any solid foods."
- 12) Indicate Texture: Check the type of texture of food that is required. If the participant does not need any modification check "regular."
- 13) Foods to be Omitted: List specific foods that must be omitted. For example, "exclusion of fluid milk."
- 14) Suggested Substitutions: List specific foods to include in the diet. For example, "lactose reduced milk, calcium fortified juice."
- 15) Adaptive Equipment: Describe specific equipment required to feed the participant. (Examples may include tippy cup, large handled spoon, wheel-chair accessible furniture, etc.)
- 16) Signature of Preparer: Signature of person completing form.
- 17) Printed Name: Print name of person completing form.
- 18) Telephone: List telephone number of person completing form.
- 19) Date
- 20) Signature of medical authority: Signature of medical authority requesting the special meal or accommodation.
- 21) Printed Name: Print name of medical authority.
- 22) Telephone: Telephone number of medical authority.
- 23) Date

Definitions

"**Disabled person**" is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

"**Physical or mental impairment**" means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory (including speech) organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

"**Major life activities**" are functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. "Has a record of such an impairment" is defined as having a history of, or has been misclassified as having a mental or physical impairment that substantially limits one or more major life activities.



Student Health Assessment

Student's Name (Last, First, Middle)	Birthdate	Grade
Address (Number, Street, City)		Phone Number
Parent/Guardian		
Physician Name and Phone		
Dentist Name and Phone		

Assessment of Student Health		
To the best of your knowledge, does your child have any problems which may affect his/her learning in school, cause you any concern, and/or may be important for school staff to know. Please check "yes" or "no" for each of the following questions.		
	Yes	No
1. Does your child have a life threatening health condition?		
2. Do you have any concerns about your child's general health (eating and sleeping habits, bowel or bladder, posture, teeth, skin menstruation, weight, etc.)?		
3. Does your child have any eye problems (difficulty seeing, crossed eyes, frequently reddened or watery eyes, wear glasses or contact lenses, etc.)?		
4. Does your child have any ear or hearing problems (frequent earaches, difficulty hearing, draining ear, use a hearing aid, etc.)?		
5. Does your child have any speech problems (difficulty having speech understood, stammering, delayed speech development, etc.)?		
6. Does your child have any allergies (foods, insects, drugs, pollen, etc.)?		
7. Does your child have any specific sickness or problems which might, in your opinion, affect his/her school performance or program?		
a. Has your child received any medical or other evaluation, the findings of which could help school personnel in meeting his/her health or education needs?		
b. Does this problem require any special health care in the school?		
c. Does your child take any medication?		
8. Do you have any concerns about your child's developmental behavior or emotional well-being of which the school should be aware?		

Remarks (please explain any "yes" answer)

☞ If you would like to discuss your child's health with a school person, please check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal

**BLAINE COUNTY SCHOOL DISTRICT # 61
SECTION 504 POLICY HANDBOOK**

Revised 11-15-04

INTRODUCTION:

Section 504 of the Rehabilitation Act of 1973 requires school districts to provide the full range of special accommodations and services necessary for students with special needs to participate in and benefit from public education programs and activities. Section 504 prohibits discrimination against persons with disabilities by school districts receiving federal financial assistance. Students with disabilities must be provided with a free, appropriate, public education (FAPE). Section 504 regulations require identification, evaluation, provision of appropriate services, and procedural safeguards in every public school in the United States. All individuals who have disabilities under the Individuals with Disabilities Education Act (IDEA) are also considered disabled and therefore protected under Section 504. Where a school district is fulfilling responsibilities under the IDEA, in most cases it will be already meeting the standards of the Section 504 regulations. However, all individuals who have been determined to qualify under Section 504 may not be considered eligible under the IDEA. These individuals require a response from the regular education staff and curriculum. Although not eligible for IDEA services, they are nevertheless deemed eligible under Section 504 and the school district may have responsibilities toward them.

Section 504 protects all students with disabilities, defined as those having any physical or mental impairment that substantially limits one or more major life activities (including learning) whether or not they meet IDEA eligibility and even if they do not need to be in a special education program. If their disabilities substantially limit their ability to function at school, they are disabled within the meaning of Section 504 and must be provided with the accommodations and special services necessary to benefit from a free, appropriate, public education.

If a district has reason to believe that, because of a disability as defined under Section 504, a student needs either special accommodations or related services in the regular setting in order to participate in the school program, the district must evaluate the student; if the student is determined to be disabled under Section 504, the district must develop and implement a plan for the delivery of all needed services. Again, these steps must be taken even though the student is not covered by the IDEA special education provisions and procedures.

The evaluation must be sufficient to accurately and completely assess the nature and extent of the disability, and the recommended services. Evaluations more limited than a full special education evaluation may be adequate in some circumstances and in some circumstances additional testing may be necessary.

The determination of what services are need must be made by a group of people knowledgeable about the student. The group should review the nature of the disability, how it affects the student's education, whether specialized services are needed, and, if so, what those services should be. The decisions about Section 504 eligibility and services must be documented in the student's file and reviewed periodically.

Under Section 504, the parent or guardian must be provided with notice of actions affecting the identification, evaluation, or placement of the student, and are entitled to an impartial hearing if they disagree with the district decisions in these areas. For disabilities covered only by Section 504, and not the IDEA, a Section 504 hearing will have to be made available.

It is also important to realize that Section 504 is not an aspect of special education. Rather, it is a responsibility of the comprehensive, general public education system. As such, building administrators and superintendents of schools are responsible for its implementation within districts. Special education administrators are participants but are not ultimately responsible for its implementation.

POLICY STATEMENT:

It is the policy of the Board of Education of Blaine County School District # 61 to provide a free, appropriate, public education to each student with a disability within its jurisdiction, regardless of the nature or severity of the disability.

It is the intent of the district to ensure that students with disabilities under Section 504 of the Rehabilitation Act of 1973 are identified, evaluated, and provided with appropriate educational services. Students may be eligible under this policy even though they do not require services under the Individuals with Disabilities Education Act.

Due process rights of students and their parents under Section 504 will be enforced.

The Director of Student Services is the district coordinator of Section 504 activities.

Policy Title: Health & Safety	Adoption Date 8/14/90
Accidents and Illness	Policy Number 502.1

School personnel shall give only emergency care to students who become ill or are injured during school or any school sponsored event. Any further treatment shall be the responsibility of the parent.

Parents shall be notified in case of illness or injury to the pupil. In case the parent cannot be reached, school personnel shall notify the individual(s) listed on the emergency card on file. In the case of extreme emergency, school personnel shall consult the emergency card for medical instructions designated by the parent.

The principal shall report the accident to the Superintendent within twenty-four (24) hours. The report shall include the student's name and address, the name of the parent/guardian, names of witnesses, and a brief description of the accident and the causes.

Policy Title: Health & Safety	Revised Date 8/10/04
Administering of Medication in School	Policy Number 502.2

Ideally, all medication should be given at home. However, there are students with chronic illnesses, long-term health conditions, as well as students recovering from temporary illnesses who need to have medication in the school setting.

The purpose of administering medications in school is to help each child maintain an optimal state of health that may enhance his/her educational plan. The medications administered shall be those required during school hours that allow the student to fully participate in the educational setting. Only students with life-threatening respiratory illnesses and allergic reactions requiring the use of epi-pens or metered dose inhalers shall be permitted to carry them at all times for self-administration.

Established procedures are provided for the safe and uniform administration of medication at school as well as to provide for the safety of other students. These procedures apply to all prescribed and over-the-counter medications.

PROCEDURE Health and Safety Administering of Medication in School	Revised Date 8/10/04
	Policy Reference 502.2

These procedures apply to all prescribed and over-the-counter medications (i.e. Tums, Aspirin, cough drops, etc.).

1. Authorization of Medication

A request for medication at school form must be completed and signed by the parent or guardian and physician. The physician's order must be renewed annually. Dosage changes require a new physician's order.

One form must be completed for each medication that the student is to receive and must be signed by the physician prior to administration of medication.

A note in the student's health record is advised for pupils with a long-term chronic illness or disability, requiring medications during school hours.

2. Medication Labeling

All medication must be received at school in its original prescription container. Medications should be brought to the school by the parent or guardian. The original medication container must have the student's name, physician's name, drug name, schedule of administration, dosage, and date clearly marked. If this information is not clearly displayed, the school will refuse to accept the medication.

The amount of medication received will be verified and documented by the principal or designee.

The parents/guardian must verify that the medication in the bottle is what the label states. School personnel should document this verification on the medication log.

3. Medication Storage

Medications administered by school personnel will be kept in a locked storage compartment, locked refrigerator, or locked file in the school office. Do not leave unlocked medication unattended.

Medication orders will be attached to the *Medication Log* and kept with the medication container in a plastic storage bag. These orders and the medication log will be checked periodically by the school Public Health nurse. If desired, the student-drinking cup may also be kept in the storage bag.

All liquid preparations should be shaken (including inhalers) prior to use.

PROCEDURE Health & Safety Administering of Medication in School (continued...)	Revised Date 8/10/04
	Policy Reference 502.2

Responsible (as determined by the principal) secondary students may bring one days' medication with them in a properly labeled container. They may take this medication on their own, unless the parents or physician requests documentation. The student should alert the principal that they have medication.

Students with life-threatening respiratory illnesses and allergic reactions requiring the use of epi-pens or metered dose inhalers, shall be permitted to carry them at all times for self-administration. However, a duplicate prescription is required to be provided to the school in accordance with this policy.

Access to medication will be under the authority of the school principal.

At the end of the school year, parents and guardians will be notified and asked to pick up unused medication. After one week, all unused medications left at school will be destroyed by the school principal or designee and witnessed by another school employee, and documented on the student log.

Insulin administration will be decided on an individual basis by the school public health nurse.

4. Administration of Medicine

All personnel designated to administer medications will be required to complete training on techniques for the safe administration and monitoring of medications.

At the designated time(s), the student should come to the office to receive his/her medication. The student will give his/her name, which should be checked against the name on the prescription container and the student should be observed taking the medication. If the student refuses to take the medication, the parents should be notified. A note should be placed in the student's record regarding the refusal.

The parent, guardian, or physician's office must give the first dose of any new medication.

5. Medication Log

A record will be maintained on every student receiving medication. The record should include the student's name, date, time of administration, dosage, mode of administration, and signature of person witnessing or administering the medication.

Any concerns regarding medications or the child's disease should be reported to the student's personal physician and family.

PROCEDURE Health & Safety Administering of Medication in School (continued...)	Revised Date 8/10/04
	Policy Reference 502.2

6. Record Retention

When the medication is completed, the physician's medication order and log should be placed in the student's permanent record.

7. Medication Review

The school Public Health nurse shall be responsible for reviewing each school's medication system and for the periodic review of individual student medication records. The school Public Health nurse will review the checklist for administration of medications by school personnel at least annually.

SOURCE: These procedures have been reviewed by the Board of Health, which consists of the Board of Nurses, Physicians, Pharmacists, and their administrator and approved by legal counsel.

Reading Labels Carefully

Read all labels carefully, on commercially prepared foods to ensure that NO peanut or peanut products, such as peanut oil or peanut flour were used in making the food.

“May contain peanuts” is precautionary labeling and indicates the food was made in the same area as peanut-containing foods. The child who has a peanut allergy should not eat foods which state **“may contain peanuts,”** but it is safe for the allergic child to be around children eating there foods.

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-From Avalon East School District

Tips on how to read a label for peanuts and tree nuts.

You must take the time to read the labels on food packaging to be sure the product is indeed peanut and nut free. It is not always obvious...labels say things like...contains peanut flour, may contain peanut products, may be made on equipment that also produces products containing peanuts...**Review the labels on the next two pages**

Tips on how to read a label for peanuts and tree nuts.

WESTERN FAMILY
CRISPY RICE BARS
 Crispy Marshmallow Treats

SEE OTHER SIDE FOR NUTRITION FACTS.

INGREDIENTS: SUGAR, ENRICHED FLOUR (WHEAT FLOUR, NIACIN, REDUCED IRON, THIAMINE MONONITRATE (VITAMIN B1), RIBOFLAVIN (VITAMIN B2), FOLIC ACID), HYDROGENATED COCONUT, COTTONSEED, CANOLA, AND PALM KERNEL OILS, PARTIALLY HYDROGENATED PALM KERNEL, COTTONSEED, AND CANOLA OILS, SEMISWEET CHOCOLATE CHIPS (SUGAR, CHOCOLATE, COCOA BUTTER, DEXTROSE, SOY LECITHIN - AN EMULSIFIER, AND VANILLA FLAVOR).

FLAVORS. COLORED WITH BETA CAROTENE], THIAMIN MONONITRATE (VITAMIN B1), RIBOFLAVIN (VITAMIN B2), NIACINAMIDE (NIACIN), PYRIDOXINE HYDROCHLORIDE (VITAMIN B6), VITAMIN D (CHOLECALCIFEROL), IRON (FERROUS FUMARATE).

This product is made on equipment that also produces product containing peanuts.

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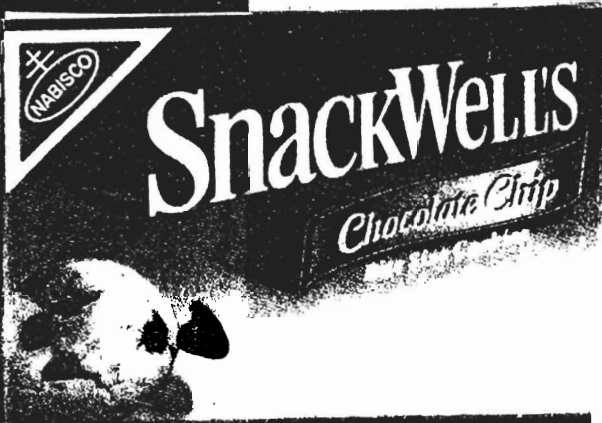
MADE IN U.S.A.

Chips Ahoy! Cookie Bars

ALLERGY INFORMATION: PRODUCED ON A LINE THAT ALSO MANUFACTURES PEANUT PRODUCTS. MAY CONTAIN PEANUTS.



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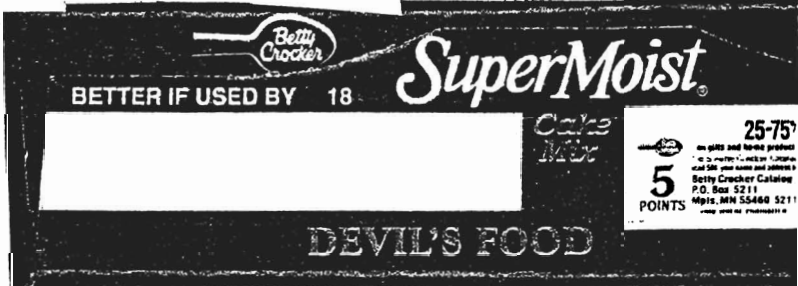
INGREDIENTS: SUGAR, VEGETABLE SHORTENING (PARTIALLY HYDROGENATED SOYBEAN OIL), BROWN SUGAR, FRUCTOSE, LEAVENING (BAKING SODA, SODIUM ALUMINUM PHOSPHATE, AMMONIUM PHOSPHATE, ALUMINUM SULFATE), EMULSIFIERS (DATEM, SOY LECITHIN), SALT, WHEY, NATURAL AND ARTIFICIAL FLAVOR, HYDROLYZED EGG, CASEIN, OAT AND WHEAT PROTEIN AND AUTOLYZED YEAST EXTRACT (CONTAIN GLUTAMATE), PEANUT FLOUR.

This package is sold by weight, not by volume. Packed as full as practicable by modern automatic equipment, it contains full net weight indicated. If it does not appear full when opened it is because contents have settled during shipping and handling.

NABISCO EAST HANOVER, N.J. 07936
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 WHEN WRITING TO US, PLEASE ENCLOSE THE TOP FLAP WITH PRINTED CODE, OR CALL 1-800-NABISCO (622-4726) WEEKDAYS.

peanut flour

Most cake mixes are OK
 Cakes made in bakeries are not



INGREDIENTS: SUGAR, ENRICHED FLOUR (BLEACHED WHEAT FLOUR, NIACIN, IRON, THIAMIN MONONITRATE, RIBOFLAVIN, FOLIC ACID), COCOA PROCESSED WITH ALKALI, PARTIALLY HYDROGENATED SOYBEAN OR COTTONSEED OIL, LEAVENING (BAKING SODA, SODIUM ALUMINUM PHOSPHATE, CALCIUM PHOSPHATE, MONOCALCIUM PHOSPHATE, ALUMINUM SULFATE), WHEAT STARCH, MODIFIED CORN STARCH, PROPYLENE GLYCOL MONO AND DIESTERS, LACTOSE, SALT, MONO AND DIGLYCERIDES, CORN STARCH, MODIFIED WHEY, XANTHAN GUM, SODIUM-STEAROYL LACTYLATE, DATEM, ARTIFICIAL FLAVOR. CONTAINS WHEAT AND MILK INGREDIENTS.

OK →
 no peanut or tree nuts

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Diet Exchanges*: 2 carbohydrates 2 fat
 *Based on American Diabetic Association and American Diabetes Association criteria.

Ca 210
ories 80

Riboflavin 2%
* Contains less than 2 percent of the Daily Value of these nutrients.

Total Carbohydrate 300g 375g
Dietary Fiber 25g 30g

INGREDIENTS: SUGAR, CHOCOLATE, COCOA BUTTER, SKIM MILK, MILKFAT, LACTOSE, SOY LECITHIN, SALT, ARTIFICIAL FLAVORS, SUGAR, LESS THAN 1% - CORN SYRUP, GUM ACACIA, COLORING (INCLUDES RED 40 LAKE, YELLOW 6, YELLOW 5, BLUE 2 LAKE, RED 40, BLUE 2 LAKE, YELLOW 5 LAKE, YELLOW 6 LAKE), DEXTRIN. © D

BY M&M'S DIVISION OF MARS, INC., HACKETTSTOWN, NJ 07840-1503 USA www.cocoapro.com

"M&M's"® Candies May Contain Peanuts.

m&m's
Lots of candy (esp. chocolate) has peanuts or peanut traces.

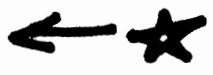


Chewy
GRANOLA BARS

cookies 'n Cream
Naturally and Artificially Flavored

Ingredients: Granola [whole grain rolled oats, rolled whole wheat, sugar, partially hydrogenated vegetable oil (soybean and/or cottonseed), whole wheat flour, molasses, honey, cultured whey, soy lecithin, natural flavors, water], corn syrup, crisp rice [rice, sugar, salt, barley malt], chocolate cookie crumbs [wheat flour, sugar, partially hydrogenated vegetable oil (soybean and/or cottonseed), cocoa processed with alkali, salt, and sodium bicarbonate], sugar, glycerin, confectionery chips [sugar, partially hydrogenated soybean and cottonseed oil, non-fat dry milk, artificial color, soy lecithin (an emulsifier)], corn syrup solids, high fructose corn syrup, sunflower oil with natural tocopherol added to preserve freshness, sorbitol, salt, cultured whey, molasses, soy lecithin, natural and artificial flavors, chocolate flavor blend (chocolate extractive, sugar, natural flavors), BHT (a preservative), partially hydrogenated vegetable oil (soybean and/or cottonseed oil), citric acid, water. (604-05)

MAY CONTAIN TRACES OF PEANUTS



Most Granola Bars have "traces of peanuts"

OREO New!

You've never had more ways to enjoy an Oreo!

Total Fat	Less than 65g	80g
Sat Fat	Less than 20g	25g
Cholesterol	Less than 300mg	300mg
Sodium	Less than 2,400mg	2,400mg
Total Carbohydrate	300g	375g
Dietary Fiber	25g	30g

INGREDIENTS: SUGAR, ENRICHED FLOUR (WHEAT FLOUR, NIACIN, REDUCED IRON, THIAMINE MONONITRATE (VITAMIN B1), RIBOFLAVIN (VITAMIN B2), FOLIC ACID), PARTIALLY HYDROGENATED SOYBEAN OIL, COCOA (PROCESSED WITH ALKALI), HIGH FRUCTOSE CORN SYRUP, DEXTROSE, CORNSTARCH, WHEY (FROM MILK), BAKING SODA, SALT, SOY LECITHIN - AN EMULSIFIER, VANILLIN - AN ARTIFICIAL FLAVOR, PEPPERMINT OIL, CHOCOLATE, ARTIFICIAL COLOR (YELLOW 5 LAKE, BLUE 1 LAKE), PEANUT FLOUR.

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KRAFT FOODS NORTH AMERICA, INC.
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WHEN WRITING TO US, PLEASE ENCLOSE THE ENTIRE BAG, OR CALL 1-800-NABISCO (622-4726), WEEKDAYS.

DISCOVER ENDLESS FAMILY FUN AT **NABISCO WORLD.COM!**

Many brands of Animal Cookies have traces of peanuts/nuts

"Peanut Flour" found as ingredient in things you wouldn't suspect such as these Oreo mint cookies

Animal Crackers
Barnyard Buddies

Nutrition Facts
Serving Size 7 cookies (28g)
Servings Per Container about 7

Amount Per Serving	
Calories 130	Calories from Fat 3
% Daily Value	
Total Fat 4g	6%
Saturated Fat 1g	4%
Cholesterol 0mg	0%
Sodium 140mg	6%
Total Carbohydrate 21g	7%
Dietary Fiber less than 1g	3%
Sugars 7g	
Protein 2g	
Vitamin A 0%	Vitamin C 0%
Calcium 10%	Iron 4%

* Percent Daily Values are based on a 2,000 calorie diet. Your diet may be higher or lower depending on your calorie needs:

	Calories: 2,000	2,000
Total Fat	Less than 65g	5-1
Sat Fat	Less than 20g	5-9
Cholesterol	Less than 300mg	30-0mg
Sodium	Less than 2,400mg	2,100n
Total Carbohydrate	300g	5-5g
Dietary Fiber	25g	3-1g

INGREDIENTS: ENRICHED FLOUR (WHEAT FLOUR, NIACIN, REDUCED IRON, THIAMINE MONONITRATE (VITAMIN B1), RIBOFLAVIN (VITAMIN B2), FOLIC ACID), SUGAR, VEGETABLE SHORTENING (PARTIALLY HYDROGENATED SOYBEAN AND/OR COTTONSEED OIL), HIGH FRUCTOSE CORN SYRUP, CONTAINS TWO PERCENT OR LESS OF SALT, CALCIUM CARBONATE, SODIUM BICARBONATE, SOY LECITHIN, NATURAL FLAVOR.

MAY CONTAIN TRACES OF TREE NUTS.
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ELMHURST, IL 60126 MADE IN U.S.A.
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Allergies To Oils

Individuals with food allergies often wonder whether they can safely eat oils made from allergenic foods, oils from peanuts, soybeans, sunflower seeds, cottonseed, sesame seed, and other commonly allergenic foods raise the most questions.

Peanut oil, soybean oil, and sunflower seed oil have been subjected to clinical challenge trials where allergic individuals, including some who were highly allergic, were safely fed these oils. Similar results would likely be obtained with other highly refined edible oils, but it is important to note that other oils have not been tested.

The allergens in peanuts, soybeans, and sunflower seeds are proteins. Edible oils refined by the typical U.S. process contain no detectable protein and are thus free of the allergen. Thus, these oils should be safe for allergic individuals to eat. Salad dressings, margarine, shortening, and other oil-containing products should be safe as long as they do not contain other sources of the allergenic proteins (e.g., other soy ingredients).

Oils should be safe to eat under most circumstances, but it is very important to recognize the exceptions. In food service situations, oils may be used to fry a variety of foods, thus, peanuts might be included in a product fried in peanut oil, soybeans might be included in a product fried in soybean oil, and so forth. Such practices would be expected to leave protein residues in the oil and in other foods fried in that oil. Such contaminated oils would likely trigger reactions in allergic individuals.

Second, some oil extraction processes may not exclude protein. A cold-press process is occasionally used. While cold-pressed soybean oil was shown safe in the soybean oil trials, this process might occasionally fail to exclude all protein. Insufficient testing has been done to ensure the safety of all cold-pressed oils. Cold-pressed oils are rarely sold in the United States and are usually found only in well-labeled containers in health food or gourmet food stores.

In other countries, other oil extraction processes may be used on occasion. Only oil prepared by the hot-solvent extraction processes that are commonly used in the United States is known to be free of protein. Thus, you should be extra cautious before eating cold-pressed oils and perhaps some foreign-processed oils.

Many allergic consumers are convinced that they react to oils, especially peanut oil. There may be alternative explanations for some of these reactions, such as the use of peanut butter in egg rolls fried in peanut oil in restaurants or the frying of multiple foods in the same oil.

However, if you are convinced that you react to oils, avoidance is an option. Olive oil, canola oil, lard, palm oil, and corn oil should be good alternatives because allergic reactions to the source materials are rare.

Restaurants should be able to identify the oil used in their fryers. However, be cautious - other foods might be fried in these oils. Packaged foods have labels that identify the oils by source, although "either-or" labeling (e.g., either corn or soybean or peanut oil) is allowed in the United States.

In conclusion, oils are usually safe, but caution is necessary especially in food service situations.

Steve L. Taylor, Ph.D., is Professor and Head of the Department of Food Science and Technology at the University of Nebraska, in Lincoln. He is also a member of FAAN's Medical Advisory Board.



SCHOOL OFFICE PROCEDURE FOR ENROLLING STUDENTS WITH LIFE THREATENING HEALTH CONDITIONS

Definition of life threatening health condition: A health condition that will put the child in danger of death during the school day and requires emergency medication or treatment at school. Requires physician orders and a nursing care plan in place preferably before a student attends school.

Parent completes Registration form and Student Health Assessment



Office Staff reviews registration and health forms



IF THE “LIFE-THREATENING” BOX IS CHECKED:

Or if emergency medication is brought to school:

1. Inform parent that their child is recommended not to attend school until the following are received at school and reviewed by the school nurse:
 - Necessary medical/treatment orders from the student’s health care provider.
 - Medication or equipment that is necessary in the school setting.
 - Health care plan or Food Allergy Action Plan that is developed by the school nurse and/or health care provider.
2. Give parent the name and number of the school nurse assigned to your building.
3. Give parent a “Medication Form” in case it is needed.
4. **Notify school nurse and principal immediately of student with life-threatening condition.**

IF SEVERE ALLERGY IS NOTED:

1. Give parent a “Life Threatening Allergy Resource Packet.”
2. Is recommended a student no attend school until necessary medical information is submitted and reviewed.
3. **Follow all of the above procedures for Life threatening health conditions.**

IF THE “SCHOOL NURSE CONSULT” BOX IS CHECKED

1. Notify school nurse Copy of Student Health Assessment can be forwarded to the nurse.

**BLAINE COUNTY SCHOOL DISTRICT
ANAPHYLAXIS INFORMATION SHEET FOR VOLUNTEERS**

Thank You for Volunteering!

You need to know that several students at this school could have a severe allergic reaction known as **Anaphylaxis**. These students are allergic to one or more of the following:

- Please put an **X** in the appropriate boxes:
- Peanuts & Peanut Butter
- Tree nuts- almonds/walnuts/coconut/brazil/hazel nuts
- Shell fish- crab/lobster/scallops/shrimp
- Fin fish- tuna/cod/salmon etc.
- Egg
- Kiwi
- ? Other _____

Even a trace amount could cause a serious reaction. Please do not bring any of these foods to school when volunteering.

Sign of a severe reaction include:

- Swelling/tightness of throat, tongue & lips
- Vomiting
- Hives
- Tingling in mouth
- Difficulty breathing
- Wheezing

If you suspect a student may be having an allergic reaction, advise a member of the staff **immediately – do not wait!** An **Emergency Response Team** has been trained to administer emergency medication and transport the student to the hospital.

Thank you for being allergy aware and for volunteering!