

**West Lafayette Community School Corporation  
Food Allergy Protocol and Consent Form**

It is the goal of West Lafayette Community School Corporation (WLCSC) to work in conjunction with students and their families to facilitate a safe educational environment utilizing a realistic approach to food allergy management.

When planning for food allergy needs, the WLCSC protocol takes into consideration the following:

- The academic buildings may be used after school hours for extra -curricular activities and community events
- Common areas of the building are used for instruction of a majority of the student population
- Students in grades K – 6 primarily eat lunch in the cafeteria
- Students in grades 7 -12 are allowed to eat in areas other than the cafeteria, including hallways and classrooms. Student groups meet during lunch, oftentimes in classrooms. West Lafayette Junior-Senior HS has an open campus during the lunch periods.
- Most extra -curricular activities involve food ranging from individual to team snacks and/or meals. Food is often eaten on the bus in transit to or from competitions.
- Some curriculums involve food preparation. No student is required to eat food brought from another's home.

Parent/Guardian Responsibility:

- Inform school of allergy and treatment plan/ provide medical documentation as requested
- Supply emergency medications (epi pen, auvi-Q, Benadryl, etc) for student
- Complete appropriate consent forms signed by parent and doctor
- Indicate if student will self- carry and self –administer emergency medications per appropriate consent forms
- Maintain updated emergency contact information for self and alternate
- Provide alternative "safe snacks" for student at school, if indicated

School Procedure:

- Emergency medications will be accessible in central location such as nurse's office
- Staff will be educated on emergency medication administration
- Emergency action plan will be in place for each student
- A nut free table will be available in the cafeteria. The nut free table is positioned within the general population of the cafeteria. Students with a diagnosed nut allergy may eat lunch at this designated table provided he/she eats a school lunch or has no nut products within lunch from home. Each K-6 nut allergic student may invite a friend to sit at the table provided the non-allergic friend eats a school lunch. The non- allergic friend may not sit at the designated table if he/she brings a lunch from home.
- K-6 classrooms will be nut controlled
- K – 6 common areas will have reminder signs as nut controlled zones

WLCSC STRONGLY RECOMMENDS THAT K – 6 NUT ALLERGIC STUDENTS EAT LUNCH AT THE AVAILABLE "NUT FREE" TABLE. THIS RECOMMENDATION IS MADE WITH THE SAFETY OF YOUR STUDENT IN MIND. Students seated at this table are readily identifiable and the lunch supervisors are aware of their needs. As students are not assigned seats, the nut allergic student may sit with students, who buy a school lunch, of his/her choosing at the assigned "nut free" table in the cafeteria. That table may change from day to day. Students at this table shall not share food.

- I, as the parent/guardian of \_\_\_\_\_, consent to having my child sit at the "nut free" table, until the undersigned advises to the contrary, and I will comply with the abovementioned protocol.
- I, as the parent/guardian of \_\_\_\_\_, do not consent to my child sitting at the "nut free" table, however, I have read the Parent/Guardian Responsibility and agree to comply with those protocols.

\_\_\_\_\_  
Parent/Guardian

## Responsibilities of the Parent/Guardians/Family members of a student with food allergies

\_\_\_\_\_ inform the school nurse and/or principal of your child's allergies prior to the beginning of the school year, or as soon as possible after a diagnosis

\_\_\_\_\_ submit all medication consent forms (physician ordered and over-the-counter) by the first day of class

\_\_\_\_\_ provide the nurse with the Food Allergy Action Plan completed by student's physician

\_\_\_\_\_ provide the nurse with all medications necessary for school administration

\_\_\_\_\_ provide the school with updated emergency contact numbers and medical information, this includes cell phone, home phone, work phone and two emergency contacts' telephone numbers.

\_\_\_\_\_ be willing to provide "safe snacks" for your student to keep in the classroom so there will always be something your child can choose if necessary

\_\_\_\_\_ be willing to go on your student's field trips if requested

\_\_\_\_\_ provide a list of foods and ingredients to avoid

\_\_\_\_\_ periodically teach your child the first symptoms of an allergic/anaphylactic reaction

\_\_\_\_\_ encourage your child to communicate clearly to an adult if he/she feels a reaction is starting

\_\_\_\_\_ instruct your child to not share food with anyone

\_\_\_\_\_ teach the importance of hand washing before and after eating

\_\_\_\_\_ report any teasing or bullying to an adult authority

**FARE**

Food Allergy Research &amp; Education

**FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: [ ] Yes (higher risk for a severe reaction) [ ] No

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following foods:** \_\_\_\_\_





**THEREFORE:**

[ ] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.




[ ] If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

**FOR ANY OF THE FOLLOWING:**

## SEVERE SYMPTOMS

|   |   |   |   |
|---|---|---|---|
|  |  |  |  |
| <b>LUNG</b>   | <b>HEART</b>  | <b>THROAT</b>   | <b>MOUTH</b>  |
| Short of breath, wheezing, repetitive cough                                       | Pale, blue, faint, weak pulse, dizzy  | Tight, hoarse, trouble breathing/ swallowing                                      | Significant swelling of the tongue and/or lips                                    |





  

|   |   |   |  |
|---|---|---|--|
|  |  |  | <b>OR A COMBINATION of symptoms from different body areas.</b> |
| <b>SKIN</b>   | <b>GUT</b>  | <b>OTHER</b>  |  |
| Many hives over body, widespread redness  | Repetitive vomiting, severe diarrhea  | Feeling something bad is about to happen, anxiety, confusion                        |  |

↓      ↓      ↓

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

## MILD SYMPTOMS

|   |   |   |   |
|---|---|---|---|
|  |  |  |  |
| <b>NOSE</b>   | <b>MOUTH</b>  | <b>SKIN</b>   | <b>GUT</b>  |
| Itchy/runny nose, sneezing  | Itchy mouth   | A few hives, mild itch  | Mild nausea/ discomfort   |

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**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

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**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

## MEDICATIONS/DOSES

Epinephrine Brand: \_\_\_\_\_

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHYSICIAN/HCP AUTHORIZATION SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_