

**Food Allergy  
Management Plan**

The District shall develop and implement a student food allergy management plan that includes the components below.

General Procedures

Procedures to limit the risk posed to students with food allergies shall include:

1. Specialized training for employees responsible for the development, implementation, and monitoring of the District's food allergy management plan.
2. Awareness training for employees regarding signs and symptoms of food allergies and emergency response in the event of an anaphylactic reaction.
3. General strategies to reduce the risk of exposure to common food allergens.
4. Methods for requesting specific food allergy information from a parent of a student with a diagnosed food allergy. [See FD]
5. Annual review of the District's food allergy management plan.

Students at Risk for  
Anaphylaxis

Procedures regarding the care of students with diagnosed food allergies who are at risk for anaphylaxis shall include:

1. Development and implementation of food allergy action plans, emergency action plans, individualized health-care plans, and Section 504 plans, as appropriate.
2. Training, as necessary, for employees and others to implement each student's care plan, including strategies to reduce the student's risk of exposure to the diagnosed allergen.
3. Review of individual care plans and procedures periodically and after an anaphylactic reaction at school or at a school-related activity.

**Distribution**

Information regarding this policy and the District's food allergy management plan shall be distributed annually in the student handbook and made available at each campus.



## Walnut Bend Independent School District

47 County Road 198  
Gainesville, Texas 76240  
[www.walnutbendisd.net](http://www.walnutbendisd.net)

- School guidelines for Managing Students with Food Allergies

Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced in the school setting if schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for food-allergic student.

### 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, during school-sponsored activities, and on the school bus, as well as a Food Allergy Action Plan.
- Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on the written form.
- Educate the child in the self-management of their food allergy including:
  - Safe and unsafe foods
  - 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)
- Provide emergency contact information

### School's Responsibility

- Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
- Review the health records submitted by parents and physicians.
- Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- Assure that all staff who interact with the student on a regular basis understands food allergy, can recognize symptoms, knows what to do in an emergency, and work with other school staff to eliminate the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives.
- Practice the Food Allergy Action Plan before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.

- Designate school personnel who are properly trained to administer medications in accordance with the State Nursing and Good Samaritan Laws governing the administration of emergency medications.
- Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day regardless of time or location
- Work with the district transportation administrator to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.
- Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.
- Follow federal/state/district laws and regulations regarding sharing medical information about the student.
- Take threats or harassment against an allergic child seriously.
- Supportive Relationships: Children without food allergies learn to develop empathy for children with food allergies and enhanced their understanding of food allergies.
  - Should be proactive in the care and management of their food allergies and reactions based on their development level.
  - Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.
    - Individual Education: Tailored food allergy action plans are developed for each child.

### **Student's Responsibility**

- Should not trade food with others
- Should not eat anything with unknown ingredients or known to contain any allergens.
- Should be proactive in the care and management of their food allergies and reactions based on their development level.
- Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.



DIETARY REQUEST

STUDENT'S NAME (Last, First) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**Menu Modifications for Children WITH Disabilities**

Children with disabilities who require changes to the basic meal are required to provide documentation with accompanying instructions from a licensed physician. This is to ensure that the modified meal is reimbursable, and to ensure that any meal modifications meet nutrition standards which are medically appropriate for the child. The physician's statement must identify: Child's Disability  
An explanation of why the disability restricts the child's diet  
Major life activity affected by the disability  
The food(s) to be omitted from the child's diet, and the appropriate food substitute.

**Special Dietary Needs of Children WITHOUT Disabilities**

Children without disabilities, but with special dietary needs requiring food substitutions or modifications, may request that the school food service meet their special nutrition needs. The school food authority will decide these situations on a case-by-case basis. Documentation with accompanying information must be provided by a recognized medical authority.

**Section A. (To be completed by authorized medical authority)**

**(REQUIRED): Disability or severe, life threatening food allergy**  
Describe Student's medical condition/disability that requires a meal modification:

**I. Disability or Severe Life Threatening Food Allergy Student has allergies that are life threatening/anaphylactic:**

- Yes, continue with this section       No, refer to section B
- Dairy Allergy:  No Fluid Dairy Milk  No Yogurt  No Cheese
- Avoid all dairy products even in baked goods
- Milk Allergy (Soy milk offered in place of dairy milk)
- Egg Allergy:  No Whole Eggs  No Egg Whites  No Eggs in baked goods
- No Wheat    No Peanut       No Tree Nut
- No Fish    No Shellfish       No Soy    No Corn
- Omit foods "processed in a facility" with above  checked ingredients
- Other (Please list):

**\*Safe Food Substitutions:**

**Section B.**

**Food Allergy/Intolerance (NOT LIFE THREATENING)**  
**Student without a disability but is requesting special dietary accommodation**

**\* PLEASE  CHECK either ALLERGY or INTOLERANCE \***  
 ALLERGY       INTOLERANCE

**Student's allergy/intolerance to food(s) below:**  
**Does not result in a Life Threatening/Anaphylactic reaction**

- I.  Dairy Allergy:  No Fluid Dairy Milk  No Yogurt  No Cheese  
 Avoid all dairy products even in baked goods  
 Lactose Intolerance (Lactaid Milk will be offered)  
 Milk Allergy (Soy milk will be offered only for milk allergy)
- II. Other food allergies/intolerances:  
 Egg Allergy:  No Whole Eggs    No Egg Whites  
 No Eggs in baked goods  
 No Wheat    No Peanut       No Tree Nut  
 No Fish    No Shellfish    No Soy       No Corn  
 Omit all foods "processed in a facility" with the above  checked ingredients  
 Other (Please list):

**\*Safe Food Substitutions:**

**\*Note: Child Nutrition will attempt to accommodate substitutions as requested but reserves the right to modify the menu based on products available**

**Section C.**

**Religious/Personal Beliefs Food Restrictions:**

**(Only requires parent/guardian signature)**  
 No Pork  No Beef  No Pork and Beef

**Other:**

I understand that it is my responsibility to renew this form **before each school year**. I understand that if my child's medical or health needs change, it is my responsibility to provide documentation from my child's physician to the Child Nutrition Services office and the school nurse.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS/EMAIL \_\_\_\_\_

CONTACT NUMBER OF PARENT/GUARDIAN \_\_\_\_\_

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

**I certify that the above named student needs to be offered food substitutions as described above because of the student's disability/Life Threatening food allergy or food intolerance/allergy as indicated.**

Printed Name of Medical Authority: \_\_\_\_\_ Date: \_\_\_\_\_  MD  DO  RD  PA  NP  SLP

Prescribing Physician/Medical Authority: \_\_\_\_\_

# WALNUT BEND ISD

## Emergency Action Plan for Severe Allergic Reaction or Anaphylaxis

PLACE  
PICTURE  
HERE

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Asthma:     Yes (higher risk for a severe reaction)     No

Extremely reactive to the following food(s): \_\_\_\_\_

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

If checked, given epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

### Any SEVERE SYMPTOMS after suspected or known ingestion:

- LUNG: Short of breath, wheeze, repetitive cough
- HEART: Pale, blue, faint, weak pulse, dizzy
- THROAT: Tight, hoarse, trouble breathing/swallowing
- MOUTH: Significant swelling of the tongue and/or lips
- SKIN: Many hives over body, widespread redness
- GUT: Repetitive vomiting, severe diarrhea
- OTHER: Feeling something bad is about to happen, anxiety, confusion
- Or a combination of any symptoms from more than one system area.



1. **INJECT EPINEPHRINE IMMEDIATELY**
2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
3. Consider giving additional medications following epinephrine:
  - Antihistamine
  - Inhaler (bronchodilator) if wheezing

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

### MILD SYMPTOMS ONLY:

- MOUTH: Itchy mouth
- SKIN: A few hives, mild itch
- GUT: Mild nausea/discomfort
- NOSE: Itchy/running nose, sneezing



1. **GIVE ANTIHISTAMINE**
2. Stay with student; alert healthcare professionals and parent
3. Watch closely for changes. If symptoms worsen, give EPINEPHRINE
4. Begin monitoring (see box below)

### Monitoring:

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.

### Medications/Doses:

Epinephrine (brand & dose): \_\_\_\_\_

Antihistamine (brand & dose): \_\_\_\_\_

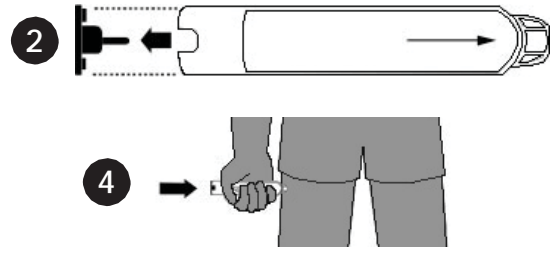
Other (e.g., inhaler/bronchodilator if asthmatic): \_\_\_\_\_

\_\_\_\_\_  
Physician Signature/Date

\_\_\_\_\_  
Parent Signature/Date

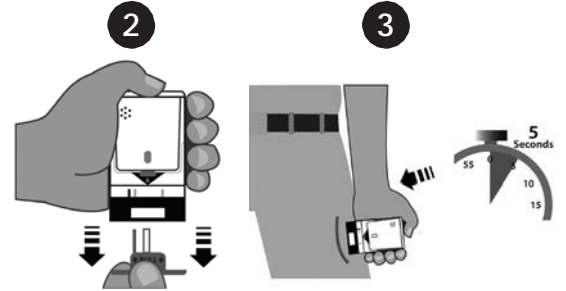
## EPIPEN® (EPINEPHRINE) AUTO-INJECTOR

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh. Hold for approximately 3 seconds.
4. for approximately 3 seconds.
5. Remove and massage the area for 10 seconds.



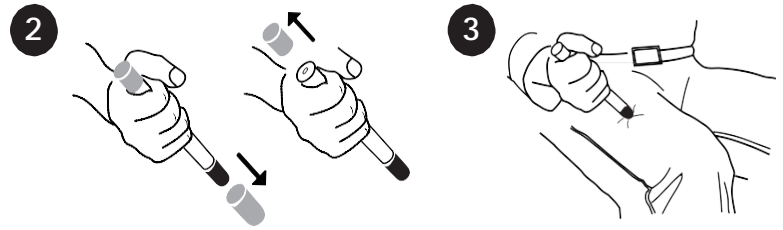
## AUVI-Q™ (EPINEPHRINE INJECTION, USP)

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



## ADRENACLICK®/ADRENACLICK® GENERIC

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



## OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, location of epinephrine, etc.):

Treat student before calling Emergency Contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

### EMERGENCY CONTACTS – CALL 911

Parent/Guardian: \_\_\_\_\_ Daytime Phone(s): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Daytime Phone(s): \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Alternate Contact Name/Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Alternate Contact Name/Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

\_\_\_\_\_  
School Administration Signature

\_\_\_\_\_  
Date

# Walnut Bend ISD

## Parent Statement of Food/Environmental Allergy Information

Dear Parent:

This form allows you to disclose/explain information regarding a food/insect/environmental allergy that was listed on the Health Form you filled out when you registered your child. The information you provide will guide the district to take necessary precautions for your child's health and safety.

Allergies may be "mild" or "severe". A mild food/insect/environmental allergy may cause symptoms such as mild itching of the mouth or skin, a scattered rash, or sneezing. "Severe food/insect/environmental allergy" means a dangerous or life threatening reaction of the human body to an allergen introduced by inhaling, eating, or touching the item. A severe allergy requires immediate medical attention. Symptoms of a "severe allergy" may include any or all of the following symptoms:

### SIGNS OF ALLERGIC REACTION

- **MOUTH** Itching and swelling of the lips, tongue or mouth
- **THROAT** Itching and/or a sense of tightness in the throat, hoarseness, hacking cough
- **SKIN** Hives, itchy rash, and/or swelling of the face, extremities
- **GUT** Nausea, abdominal cramps, vomiting and/or diarrhea
- **LUNGS** Shortness of breath, repetitive coughing, and/or wheezing
- **HEART** Thready pulse, passing out

**The severity of symptoms can quickly change. All can potentially progress to a life-threatening situation.**

**Please list any food/environmental items to which your child is allergic or severely allergic, as well as the route of exposure, reaction, and if you consider the reaction "life threatening" or "mild".**

<i>Food/Insect/Environmental Agent or Medication</i>	<i>Route of exposure: Eaten, Touched, Inhaled</i>	<i>Symptoms of Allergic Reaction</i>	<i>Life Threatening or Mild Reaction</i>

*\*\*Please note: Consistent with guidelines from the Texas Department of Agriculture, in order for the District to consider food substitutions for a student's food allergies, a signed letter from the physician must be provided. Contact the Student Nutrition Office at 940-665-5990 for further information.*

**Please return this form to the school office immediately.** After evaluation, if further information is needed, the office will be in contact with you.

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Please print): \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date form received by the office: \_\_\_\_\_



## WALNUT BEND ISD

### FOOD ALLERGY NOTICE FOR PARENTS

Date: \_\_\_\_\_

Dear Parents:

The health and safety of all students in Walnut Bend ISD is a priority for our district. We are requesting your help in keeping our students safe.

A student in your child's classroom has been diagnosed with a severe food allergy. A severe food allergy is a reaction to a food that may cause anaphylaxis. Anaphylaxis can cause breathing problems, hives, low blood pressure, shock, and even death. Anaphylaxis is very rapid in onset and may even cause the death of the student if left untreated. Children with a severe food allergy must avoid that food totally. Many children even react if the food gets on their skin or if they smell the food. Care must be taken to prevent the child from touching or eating the offending food. Therefore, we are asking your cooperation as we put the following guidelines into effect.

- Please do not send \_\_\_\_\_ to be eaten as a snack in the classroom. It is fine to send these products for lunch, which is eaten in the cafeteria.
- We will not be doing any classroom projects that involve the food allergen. Please do not send any of these projects into the classroom with your child.
- For any parties or special celebrations in our classroom, please avoid sending products that have the food allergen listed in the ingredients.
- Children will be encouraged to wash their hands before and after lunch. We would greatly appreciate your making sure that your child's hands are washed with soap and water before leaving for school. Water alone will not wash off the allergen.

If you have any questions or concerns about food allergy related issues please do not hesitate to get in touch with us. We appreciate your help.

Sincerely,

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Administrative Assistant

\_\_\_\_\_  
Classroom Teacher