



## Austintown Local Schools

700 South Raccoon Rd.  
Austintown, OH 44515  
330.797.3900  
330.792.8625 Fax



### Emergency Allergy

Dear Parent/Guardian:

You have indicated that your child has a severe allergy. A severe allergy is classified as requiring medication (Epinephrine/antihistamine) in the event of contact of the allergen. If your child requires medication for his/her allergy, please have your physician complete the attached **EMERGENCY ALLERGY PLAN**, including a parent signature and refer to our school policy on medication administration (attached).

The information requested is confidential and will only be shared with the appropriate personnel. The information that you relate to us will enable us to take immediate and appropriate action in caring for your child. **The district will collaborate with the transportation office, but we still highly recommend the parent/guardian inform the bus driver of your child's condition.**

If your child requires an Epinephrine for treatment, one needs to be provided to have available in school at all times. It is permissible by Ohio State Law for students to carry and use an Epinephrine auto-injector with the written permission of the prescriber and the parent/guardian. A backup Epinephrine auto-injector is required in the clinic.

**It is the parent/guardian's responsibility to communicate to the school any changes in their child's condition, treatment and/or medication. This form also needs to be updated on a yearly basis.**

Please review [Austintown Local Schools Food Allergies & Safety Guidelines](#) and [Food Service: Food Allergy Information](#) forms (attached).

Thank you,

Austintown School Nurses



## ADMINISTRATION OF MEDICATION TO STUDENTS DURING SCHOOL HOURS



All medication should be given at home when possible. The administration of prescribed medication and/or medically-prescribed treatments to a student during school hours will be permitted only when failure to do so would jeopardize the health of the student, the student would not be able to attend school if the medication or treatment were not made available during school hours, or if the child is disabled and requires medication to benefit from his/her educational program. In the event that it is necessary for a student to receive medication during the school day, the following requirements must be met prior to the administration of medication:

- **PRESCRIPTION MEDICATION:** An Administration of Medication Request Form must be completed and signed by both the physician and parent/guardian.
- **OVER-THE-COUNTER MEDICATION (Nonprescription):** An Administration of Medication Request form must be completed and signed by the parent/guardian.
- The first dose of any new medication will not be administered at school in case of an allergic reaction.
- It is the student's responsibility (age appropriate) to report to the clinic at the designated time to receive the medication ordered.
- All medication **MUST** be brought to school by the parent/guardian. Students are not permitted to carry or transport medication unless previously authorized by the school, physician, and parent/guardian and is an Emergency medication (i.e.; Inhaler, EpiPen).
- All Prescription medication must be labeled appropriately by the pharmacist or physician and in its original container. The label must state the student's name, dosage, and time(s) to be taken and must match the Administration of Medication Request form.
- All Nonprescription medication must also be in its original container and labeled with a permanent marker indicating the child's name. Medication not in its original container will not be administered to the student.
- The recommended dosage on the box of the nonprescription medication will be reviewed and compared to the parent/guardian request. If the dosage exceeds amount recommended on the medicine container/box, it must be requested by a physician's order on an Administration of Medication Request form.
- The principal or appointed representative will supervise the administration of the medication in the absence of the school nurse.
- Any change to the medication must be submitted on a new Administration of Medication Request form. If a prescriptive medication is to be discontinued, a written note must be provided by the practitioner.
- New Request forms must be submitted for each new school year and for each medication.

**Parent/Guardian MUST pick up any unused medication. Medication will not be sent home with the child unless previously authorized and is an emergency medication. All medications not retrieved will be disposed of according to Ohio Revised Code.**





# AUSTINTOWN LOCALS SCHOOLS EMERGENCY ALLERGY PLAN



Child's  
Picture

Student's Name	Student's Date of Birth	Grade
Allergy to:		School Year
Asthmatic: YES* • or NO • (Please check one) *Higher risk for severe reaction		
<b>STEP 1: TREATMENT</b> (To be completed by physician)		

SYMPTOMS:	GIVE CIRCLED MEDICATION: (TO BE DETERMINED BY PHYSICIAN)	
If a (sting) or (ingestion) has occurred, but <b>NO SYMPTOMS</b> :	Epinephrine	Antihistamine
<b>Mouth:</b> Itching, tingling, or swelling of lips, tongue	Epinephrine	Antihistamine
<b>Skin:</b> Hives, rash, swelling of face or extremities	Epinephrine	Antihistamine
<b>Gut:</b> Nausea, cramping, vomiting, diarrhea	Epinephrine	Antihistamine
<b>Throat*:</b> Tightening of throat, hoarseness, cough	Epinephrine	Antihistamine
<b>Lung*:</b> Shortness of breath, coughing, wheezing	Epinephrine	Antihistamine
<b>Heart*:</b> Thready pulse, low blood pressure, fainting	Epinephrine	Antihistamine
<b>Other:</b>	Epinephrine	Antihistamine

<b>Epinephrine (circle):</b> EpiPen EpiPen Jr. Auvi-Q (repeat dosage in 5 min or more if symptoms persist or reoccurs)
<b>Antihistamine:</b> _____ (Name/Dose/Route)
<b>Other:</b> _____ (Name/Dose/Route)

<b>STEP 2: EMERGENCY CALLS</b>		
1. Call 911 once Epinephrine is administered.		
2. Call Parent/Guardians:		
<b>Name/Relationship</b>	<b>Phone Number(s)</b>	
a.	1.	2.
b.	1.	2.
c.	1.	2.

I GIVE PERMISSION FOR SCHOOL PERSONNEL TO FOLLOW THIS PLAN, ADMINISTER MEDICATION (IF ANY) AND CARE FOR MY CHILD AND CONTACT MY PHYSICIAN IF NECESSARY. I ASSUME FULL RESPONSIBILITY FOR PROVIDING THE SCHOOL WITH PRESCRIBED MEDICATION. I APPROVE THIS EMERGENCY ALLERGY PLAN FOR MY CHILD. I ALSO CONSENT TO THE RELEASE OF THE INFORMATION CONTAINED IN THIS PLAN TO ALL STAFF MEMBERS AND OTHER ADULTS WHO HAVE CUSTODIAL CARE OF MY CHILD AND WHO MAY NEED TO KNOW THIS INFORMATION TO MAINTAIN MY CHILD'S HEALTH AND SAFETY.

\_\_\_ I authorize my child to possess & use an Epinephrine auto-injector as prescribed.

\_\_\_ As the prescriber, I have determined that this student is capable of possessing & using this auto-injector appropriately & have provided the student with training in the proper use of the auto-injector.

Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOOD ALLERGY QUESTIONNAIRE

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

1. Does your child have a diagnosis of an allergy from a healthcare provider?

\_\_\_\_ Yes \_\_\_\_ No

2. What is your child allergic to?

____ Peanut	____ Tree Nuts
____ Eggs	____ Soy
____ Milk	____ Fish
____ Shellfish	____ Other _____

3. Trigger for reaction:

____ Ingested	____ Skin Contact
____ Inhaled	____ Other, please specify _____

4. Please check the symptoms that your child has experienced in the past:

**Skin:** \_\_\_\_ Hives \_\_\_\_ Itching \_\_\_\_ Rash \_\_\_\_ Flushing \_\_\_\_ Swelling

**Mouth:** \_\_\_\_ Itching \_\_\_\_ Swelling

**Abdominal** \_\_\_\_ Nausea \_\_\_\_ Cramps \_\_\_\_ Vomiting \_\_\_\_ Diarrhea

**Throat:** \_\_\_\_ Itching \_\_\_\_ Tightness \_\_\_\_ Cough \_\_\_\_ Hoarseness

**Lungs:** \_\_\_\_ Shortness of Breath \_\_\_\_ Repetitive Cough

**Heart:** \_\_\_\_ Weak Pulse \_\_\_\_ Loss of Consciousness

5. Does your child recognize when he/she is having a reaction? \_\_\_\_ Yes \_\_\_\_ No

6. Is your child able to tell someone he/she is having a reaction? \_\_\_\_ Yes \_\_\_\_ No

7. Treatment:

Has your child ever required an epinephrine auto-injection? \_\_\_\_ Yes \_\_\_\_ No

How effective was your student's response to treatment? \_\_\_\_\_

8. School Accommodations:

**For a student with a Nut Allergy:**

Does your child need a Nut Free Classroom? (AES & AIS ONLY) \_\_\_\_ Yes \_\_\_\_ No

Is your child required to sit at the Nut Free Table at lunch (AES, AIS, AMS ONLY) \_\_\_\_ Yes \_\_\_\_ No

May your child eat products with a label that states "May contain nuts"? \_\_\_\_ Yes \_\_\_\_ No

May your child eat products that state "Produced in a facility that has nuts"? \_\_\_\_ Yes \_\_\_\_ No

May your child eat products that "May have been produced on same equipment with nuts"? \_\_\_\_ Yes \_\_\_\_ No

**For a student with an Egg Allergy:**

May your child eat eggs in baked goods? \_\_\_\_ Yes \_\_\_\_ No

**For a student with a Milk Allergy:**

May your child eat any products containing milk? \_\_\_\_ Yes \_\_\_\_ No

**Circle the foods your child is allowed to eat:**

Pizza Cheese Ice Cream Yogurt Food with milk as an ingredient (Goldfish, Nips, etc...)

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



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# Food Allergies & Safety Guidelines

Austintown Local School District, Austintown Local School District's Health Care Team, and Austintown Local School District's Food Service Department take its commitment to provide a safe learning environment for all individuals seriously. In recent years, the increased number of students with life-threatening food allergies is more evident in our buildings. Most common life-threatening allergens include: peanuts, tree nuts, eggs, and dairy products. There is no way to ensure a building is allergen-free and initiating a school wide ban of an allergen will not ensure a safe environment as we cannot control if an allergen inadvertently comes into our buildings.

Therefore we take proactive steps to help reduce a possible allergen exposure for Austintown students. Some important steps include:

- Annual training of all staff about food allergies including the most common food allergens, signs and symptoms of a reaction, and emergency medication administration.
- Emergency Allergy Plans will be initiated for each child who has a life-threatening food allergy upon receipt of a physician's order documenting the allergy. This plan will be shared with food service.
- Emergency Allergy Plan will include a step-by-step guide for that child in case of an allergic reaction.
- Designated locations within the lunch area will be reserved for those students with severe food allergies at the parent's request. We cannot guarantee that cross-contact with a food allergen will not occur.
- Families may contact Food Services directly to discuss how food allergies are handled in the cafeteria.

To ensure the safety of every child, the program will require participation by all. Each individual has his or her own responsibilities:

## FAMILY'S RESPONSIBILITY:

For Children with **life-threatening** allergies, please provide the following documentation:

### Emergency Allergy Plan

- Provide properly labeled medications and replace them after use or expiration.
- Provide current emergency contact information in case of an incident.
- Consider providing a medical alert bracelet for your child.
- Request a meeting with the school team to develop a plan that accommodates the child's needs if deemed necessary.
- Communicate with the teacher regarding upcoming parties and field trips and participate in both when able.
- Communicate with the bus driver in regards to the child's allergy.
- Educate the child in the self-management of their food allergy including:
  - Safe and unsafe foods.
  - Strategies for avoiding exposure to unsafe foods.
  - Signs and 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).
  - Discourage sharing of food under any circumstances.





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### **SCHOOL'S RESPONSIBILITY:**

- Be knowledgeable about and follow applicable federal laws that apply.
- Review the health records submitted by parents and physicians.
- Ensure that medications are current and appropriately stored according to district policy in a central location for easy access.
- Designate several school personnel who are properly trained to administer the emergency medication in the absence of the healthcare professional.
- Collaborate with Food Services regarding the identity of the student and the allergen.
- Collaborate with District Transportation to assure the safety of the student on the bus.
- Review policies annually and more frequently as needed.

### **STUDENT'S RESPONSIBILITY:**

- Learn to recognize symptoms of an allergic reaction.
- Comprehend that food should not be shared or traded with others.
- Understand that he or she should not eat anything with unknown ingredients or ingredients known to contain an allergen.
- Be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Notify an adult immediately if they eat something they believe may contain the food to which they are allergic and/or if displaying signs/symptoms of a food reaction.
- Carry the emergency medication (if applicable) at all times.

Austintown Local Schools is committed to providing a safe learning environment for all students. In continuing to provide a safe environment for our students with life-threatening allergies, we are asking all parents for cooperation and assistance in our plan.

If you should have any questions, please feel free to call:

- Austintown Local School District's Food Services Department at (330) 797-3900, ext 2032
- Austintown Local School District Nurses,  
(330) 716-2915 or (330) 716-1342



# Food Service: Food Allergy Information

Austintown Schools Food Service Department  
AFFoodServices@austintownschools.org | (330) 797-3900 ext. 2032

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**Promptly complete the Emergency Medical Form & Emergency Allergy Plan (if applicable). The clinic updates Food Services annually with student allergen information. Food Services clears and updates allergens each year.**

We take life-threatening food allergies seriously and want to do our best to protect our students. The following outlines how Food Services observes food allergies, intolerances, and preferences:

## **Life-threatening Food Allergies**

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We observe life-threatening food allergies as ones in which a student has prescription medication on file with the school clinic. These students could have trouble breathing, break out in hives, or go into anaphylactic shock from eating a food item they are allergic to, which is considered life-threatening. Based on the Emergency Medical Form, Food Services sets an alert on your student's lunch account notifying our staff of the life-threatening allergy and prohibiting your child from purchasing such items. We offer few menu items that contain life-threatening allergens like peanuts or tree nuts, but it does not eliminate the possibility of exposure to allergens. **It is possible that cross-contact may occur.** Cross-contact is when a food item with an allergen (for example peanuts), touches another food item that does not normally have exposure to allergens (such as carrots).

## **Food Intolerances**

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If your student is intolerant of a food item, we will do our best to ensure they do not receive that food item. The biggest occurrence of intolerance is lactose (or sugar) in milk. If your student is intolerant of regular milk, they may choose to take lactose-free milk. Juice is not an allowable substitute per the USDA. Water is also accessible in each cafeteria in the district.

**As stated above, we take allergies serious, so please be clear about your student's dietary needs.**

- 1) **Milk Allergy** – A milk allergy means your child is allergic to the protein in milk and ingesting it means it could threaten their life. If you inform us that your student has a milk allergy, we will refuse to serve them anything with milk protein in it such as chocolate milk, pizza, cheese sticks, yogurt, toasted cheese, macaroni and cheese, etc.
- 2) **Milk Intolerance** – A milk intolerance means your child is intolerant of lactose in regular milk and they could have an upset stomach or discomfort. If they are intolerant of regular milk but may have cheese or other milk products, then you must specify that to Food Services.

## **Food Preferences**

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Because life-threatening food allergies are of utmost importance to the safety of our students, we cannot observe food preferences. Every cafeteria offers several different choices of each food component each day. If pineapple is offered and your student does not like pineapple, they may choose another fruit offering. Religious and ethnic dietary needs are observed if we are notified.

## **Notifying Food Services**

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Please help us teach your children with allergies the food items they must avoid. Ultimately, it is the parents' responsibility to ensure Food Services has the most updated allergy information for our students. We do our best to include the allergy information of our menu items on our website, AFFoodServices.com (hover over each menu item to see allergy information). If you would like to have a specific conversation with Food Services about your student's needs, please call our office at (330) 797-3900 ext. 2032.