

# Food Allergy Preparation Checklist

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Year: \_\_\_\_\_

South Eastern School District is committed to providing a safe and healthy environment for all students. Since severe allergy/anaphylaxis is a life-threatening health condition, special preparations are needed to provide a safe educational experience for the allergic child. This checklist has been designed to help parents, doctors, and school staff develop an individualized plan for each food-allergic student. Please review the checklist with your child's doctor and determine what accommodations are required for your child's safety. Appropriate forms are included for your convenience.

The following provisions are in place:	Parent and CSN initial and date when accomplished.	Not necessary for this student per his/her licensed health care provider.
1. The Parent has provided a Medical Management Plan, including the <b>Food Allergy Action Plan</b> (attached), signed by the parent and licensed health care provider, <i>prior to the first day of classes</i> .		
2. Medications and supplies noted in the medical plan of care have been provided to the school <i>prior to the first day of classes</i> .		
3. An <b>Individual Transportation Plan</b> is available and includes accommodations required to keep student safe on the bus.		
4. A <b>Medical Plan of Care for School Food Service (Students with Disabilities and Non-Disabling Special Dietary Needs)</b> form has been completed and signed by the licensed physician. (attached) <b>--OR--</b>		
5. Foods for the student's meals and snacks (select one of the following): a. Parent will provide all foods for meals and snacks ( <b>recommended</b> ). b. Parent will consult with the food service to determine which cafeteria offerings are appropriate. c. Student may independently select from cafeteria offerings.		
6. Arrangements for accommodations required to keep student safe in the cafeteria are in place.		
7. Arrangements for accommodations required to keep student safe in the classroom are in place		
8. Parent has requested that a letter be sent out explaining the presence of a severely allergic child in the class and/or on the bus.		
9. A 504 Service Agreement has been developed. (It is recommended that a 504 be developed if accommodations in the shaded rows are required.)		
10. A 72 hour supply of appropriate food has been provided by the parent in case of the need to evacuate or to shelter in place in an emergency.		
11. Parent has done the following: a. Reviewed symptoms of severe allergic reaction with my child. b. Practiced with my child how to respond to severe allergy symptoms. If an epipen is prescribed, we have practiced how to administer the epipen. c. Discussed strategies to avoid allergens with my child. d. Provided a Medic Alert bracelet or necklace for my child to wear to school daily.	<b>Parent initial and date when each is accomplished:</b> <b>a.</b> <b>b.</b> <b>c.</b> <b>d.</b>	

Parent Signature: \_\_\_\_\_ CSN Signature: \_\_\_\_\_