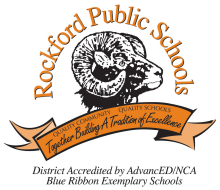
**Rockford Public Schools**

**Severe Food and**

**Life Threatening Allergy Plan**




District Accredited by AdvancED/NCA
Blue Ribbon Exemplary Schools

STUDENT: _____
GRADE: _____
TEACHER: _____
SCHOOL: _____
FORM FILED IN CA: ☐ YES ☐ NO

| PARENT REQUIRED ACTIONS: | COMPLETED: | WAIVED: |
|---|---|---|
| Notify the school of child's allergies. | ☐ | ☐ |
| Allergy action form signed/returned. | ☐ | ☐ |
| Provide properly labeled medication (if any). | ☐ | ☐ |
| Educate child of symptoms of allergic reaction and how and when to tell an adult. | ☐ | ☐ |
| Provide supplies: Snacks, Epi-pen, Benadryl, inhaler. | ☐ | ☐ |
| Provide alternative snacks/treats to teacher. | ☐ | ☐ |

| TEACHER REQUIRED ACTIONS: | COMPLETED: |
|---|---|
| Lunchroom procedures (table assignment, placemat). | ☐ |
| Field Trip: Contacted parent with destination and phone number for each field trip. | ☐ |
| Notify parents regarding allergy alert in the classroom per letter and orientation. | ☐ |
| Locker assignment (if possible, own locker or shared with child with the same allergy | ☐ |
| Sub Plan: Must include care plan for students with severe allergies. | ☐ |

| SECRETARY REQUIRED ACTIONS: | COMPLETED: |
|---|---|
| Allergy Action Form given to parents. | ☐ |
| Notify classroom and recess parapro of student with severe allergy | ☐ |
| Copy of District Severe Food Allergy policy given to new parents. | ☐ |
| Notify assigned Teacher. | ☐ |
| Notify district nurse. | ☐ |
| Notify kitchen staff/playground staff. | ☐ |
| Provide Teacher with allergy door/room signs. | ☐ |
| Coordinate medication for field trips. | ☐ |
| Remind principal to send letter via Family Access to classroom prior to parties. ☐ October ☐ December ☐ February | |

| NURSE REQUIRED ACTIONS: | COMPLETED: |
|---|---|
| Review Incident Reports of food allergy reactions and discuss incident with resolution. | ☐ |
| Review Severe Food Allergy Plans and mark as Critical Needs in school database. | ☐ |
| Provide district in-service at the beginning of the year | ☐ |

NOTES: (use back side of form if necessary)

**PRINCIPAL SIGNATURE:** _____
**DATE:** _____

**PARENT SIGNATURE:** _____
**DATE:** _____

**TEACHER SIGNATURE:** _____
**DATE:** _____

***The Building Administrator is responsible for completion of this plan.***