

Rockford Public Schools
Severe Food and
Life Threatening Allergy Plan



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

PARENT REQUIRED ACTIONS:

COMPLETED: WAIVED:

- | | | |
|---|--------------------------|--------------------------|
| Notify the school of child's allergies. | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergy action form signed/returned. | <input type="checkbox"/> | <input type="checkbox"/> |
| Provide properly labeled medication (if any). | <input type="checkbox"/> | <input type="checkbox"/> |
| Educate child of symptoms of allergic reaction and how and when to tell an adult. | <input type="checkbox"/> | <input type="checkbox"/> |
| Provide supplies: Snacks, Epi-pen, Benadryl, inhaler. | <input type="checkbox"/> | <input type="checkbox"/> |
| Provide alternative snacks/treats to teacher. | <input type="checkbox"/> | <input type="checkbox"/> |

TEACHER REQUIRED ACTIONS:

COMPLETED:

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

SECRETARY REQUIRED ACTIONS:

COMPLETED:

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

NURSE REQUIRED ACTIONS:

COMPLETED:

- | | |
|---|--------------------------|
| Review Incident Reports of food allergy reactions and discuss incident with resolution. | <input type="checkbox"/> |
| Review Severe Food Allergy Plans and mark as Critical Needs in school database. | <input type="checkbox"/> |
| Provide district in-service at the beginning of the year | <input type="checkbox"/> |

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.