

Stratham Memorial School

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INDIVIDUALIZED FOOD ALLERGY HEALTH CARE PLAN

School Year: 2015-2016

Name of Student: _____

Grade/Teacher: _____

Allergen(s): _____

Prevention

Problem:

Potential for anaphylaxis and or less serious allergic reactions secondary to exposure to food allergen(s): _____.

Interventions:

Avoid exposure to food allergen:

1. School Nurse/Parent will inform teachers, food service employees and any other pertinent faculty/staff about student's food allergy at the beginning of every school year.
2. Parent will be encouraged to send student to school with cold lunch and snacks.
3. Parent will provide special "safe snack box" for student to choose from if classmates bring treats containing allergen(s).
4. Teacher or School Nurse will call parent to question whether a particular food product is safe if unsure.
5. If food provided by classmate has unknown content, allergic student will be instructed not to ingest it.
6. At snack and lunch time, supervising staff will monitor student activity to prevent sharing of foods or exposure in any ways (through topical exposure) between allergic student and classmates.
 - a. Allergen(s) will be avoided in classroom.
 - b. Classmates are to wash hands (with soap and water) after snack and lunch.

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- c. Cafeteria tables are all washed prior to each seating of students with orange citrus spray by an adult.
 - d. Student will be introduced to cafeteria workers. A picture of student will hang in a discreet area of the cafeteria with the allergen(s) listed.
 - e. Re-gloving of workers prior to serving student (if hot lunch is desired) will take place.
 - f. At mealtimes in the classroom and the cafeteria the student will not be in direct proximity to his/her food allergen(s). This means the students directly seated to the left and right of student with allergies will not have foods containing those specific allergens.
 - g. Student will not assist with stacking trays or washing tables.
7. Student will be instructed to tell staff immediately if exposed either through ingestion or topically to food allergen(s).
 8. Student will be taught to read labels, to identify sources of food allergens and advocate for him/herself regarding food allergy as developmentally appropriate. This will be done by parent, school nurse and teachers as the opportunity arises.
 9. **ALL students with serious/life threatening allergies will have the attached: "FOOD ALLERGY ACTION PLAN" completed by the parent and physician at the beginning of each school year.**
 10. List any other interventions specific to student:

Goals

1. Student will avoid exposure to allergen(s).
2. Student will not have any allergic reactions.

___ I agree with the accommodations listed on my child's Health Care Plan and decline his/her eligibility for Section 504 of ADA.

___ I am requesting an initial referral meeting for Section 504 eligibility.

Parent signature _____ Date _____