

A note about food allergies



Food allergies are serious and potentially life threatening reactions to certain foods---if your child does not like a particular food or chooses not to eat it because of a cultural or religious preference it is not a food allergy

If you suspect your child has a true food allergy see your Doctor. Provide the school with emergency medication as ordered by your doctor.

Food allergy precautions cannot be implemented without a doctor's order.

If your child eats lunch in school, please be aware that Pomptonian can guarantee Peanut free lunches only—other food, milk, wheat, egg, etc. are present in some food choices.

While we make a great effort to ensure your child's safety we are unable to control food products brought from home for lunch and snack by other children. Please make sure you discuss with your child that sharing of food is not permitted.

******* If your child has a true food allergy Please provide a *special treat bag* in a zip lock bag, to be kept in the classroom, filled with safe treats from home for your child to enjoy during class parties and celebrations. We will NOT provide any food to your child unless it is sent in by you for the safety of your child.**

If your child has a diagnosed food allergy, contact your child's teacher about how they can inform you of upcoming celebrations, please be aware sometimes they are unable to provide this information, especially if a student brings in treats unannounced for their birthday, so please have a special treat bag available at all times.

Safe practice of food allergy precautions may include: taking a child home for lunch, sending in lunch and snack packed from home, providing a bag of classroom treats for your child to choose from during class parties.

Parental Authorization to Administer Medication

This release dated _____, 20____, is submitted by _____
(Names of Parent/Guardian)
on behalf of their minor child _____, to the Kearny Board of
(Name of Student)
Education, 172 Midland Avenue, Kearny, New Jersey 07032.

Whereas, _____, (hereinafter referred to as "student") has a medical condition that requires the possible need for epinephrine; and

Whereas, Parent/Guardian has provided to the school an: () Epi-pen () Auvi-Q
(Select one)
in the event that immediate administration of epinephrine is necessary; and

Whereas, Parent/Guardian understands and has approved the selection of a designee to administer the Epi-pen in the event that the school nurse is unavailable:

The parties agree as follows:

1. The parent/guardian acknowledges and understands that volunteer delegates will be trained, using standardized training protocols established by the New Jersey Department of Education in consultation with the Department of Health and Senior Services, in accordance with the Guidelines for the Management of Life-Threatening Food Allergies in Schools, and pursuant to N.J.S.A. 18A:40-12.5 and 12.6, to administer epinephrine via a pre-filled auto-injector mechanism.
2. The parent/guardian acknowledges and understands that the Kearny School District shall have no liability as a result of any injury arising from the administration of epinephrine via a pre-filled auto-injector mechanism.
3. The parent/guardian acknowledges and agrees to indemnify and hold harmless the Kearny School District and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the student.

PRINT – Parent/Guardian Name

Signature of Parent/Guardian

KEARNY PUBLIC SCHOOLS

FOOD ALLERGY ACTION PLAN

Student Name _____

Date _____

D/O/B _____

Allergic to: _____

Documented Anaphylactic Reaction _____

Attached lab documentation of proof of allergy _____

TREATMENT

Symptoms

Give checked medication

- If a food allergen has been ingested, **but no symptoms** Epinephrine Antihistamine
- Mouth
Itching, tingling, or swelling of lips, tongue, mouth Epinephrine Antihistamine
- Skin
Hives, itchy rash, swelling of face or extremities Epinephrine Antihistamine
- Gut
Nausea, abdominal cramps, vomiting, diarrhea Epinephrine Antihistamine
- Throat
Tightening of throat, hoarseness, hacking cough Epinephrine Antihistamine
- Lung
Shortness of breath, repetitive coughing, wheezing Epinephrine Antihistamine
- Heart
Thready pulse, low blood pressure, faint, pale, blueness Epinephrine Antihistamine
- Other _____ Epinephrine Antihistamine

Action for a MINOR reaction:

If symptoms are MINOR rash or MINOR itching – give Diphenhydramine _____ mg liquid/tablets

Action for a MAJOR reaction:

If symptoms progress, and/or person has cough, hoarseness of voice, tightness of throat, wheezing or shortness of breath, **give immediately:**

- _____ Epi-pen or Twinject autoinjector 0.3 mg
- _____ Epi-pen Jr. or Twinject autoinjector Jr. 0.15 mg
- _____ Auvi-Q (epinephrine injection, USP) 0.15 mg
- _____ Auvi-Q (epinephrine injection, USP) 0.30 mg

Then call Emergency Services and ask for ACLS.

Is the student capable and responsible for carrying and self-administering epinephrine?

YES _____

NO _____

Parent/Guardian Signature _____ Date _____

Physician Signature _____ Date _____

Physician Stamp