

### The Management of Food Allergies at School

It is the policy of the Trumbull Board of Education to provide for a Food Allergy Management plan to maintain the health and safety of students with life-threatening food allergies. Each plan will be developmentally appropriate, promote self-advocacy and competence in self-care, and provide educational opportunities. The purpose of this policy is to:

- Reduce the likelihood of potentially life-threatening allergic reactions.
- Ensure a rapid and effective response in the event of an allergic reaction.
- Assist an identified allergic student in avoiding exposure to allergens.

Recognizing that the risk of accidental exposure can be significantly reduced but not eliminated in the school setting, Trumbull Public Schools are committed to working in cooperation with parents, allergic and non- allergic students, and physicians.

#### References:

##### Legal

- CGS 10-212c Life-threatening Food Allergies
- CGS 10 212a Administration of Medications in Schools

##### Trumbull Board of Education policies

- Nutrition in Schools, Policy Code 5141.27
- Administration of Medication, Policy Code 5141.21
- Students with Special Health Care Needs, Policy Code 5141.25
- Transportation, Policy Code 3541
- Field Trips, Policy Code 6153

Adopted: 8/19/14

**Trumbull Public Schools**  
**Food Allergy Management Plan**

**Procedural Guidelines**

**Responsibilities of Parent/Guardian:**

1. Consider teaching **your** child to:
  - NEVER share snacks, lunches, drinks, or utensils.
  - Understand the importance of proper hand washing before and after eating; do not use hand sanitizers as they are not effective at removing food allergens.
  - Recognize symptoms of an allergic reaction and immediately report them to a staff member/adult.
  - Self-carry epinephrine auto-injector, when developmentally appropriate, with proper documentation. (Appendix A)
  - Report teasing and/or bullying.
  - Take responsibility for one's own safety.
  - Develop greater independence, throughout the school years, to keep him/her safe from allergic reactions.
  - Self-administer one's own epinephrine auto-injector, when developmentally appropriate, with appropriate documentation (Appendix A).
2. Inform the school of your child's food allergy prior to the first day of school or as soon as possible after a new diagnosis. Update the school annually on your child's allergy and when changes in the medical plan occur.
3. Provide medical documentation (Appendix A) and current medications (that are properly labeled in their original packaging and have not expired) on or before the first day of school or as soon as possible after a new diagnosis.
4. It is strongly recommended that you provide and encourage your child to wear a medical alert bracelet.
5. Collaborate with the school nurse and staff to develop a plan that accommodates your child's needs throughout the day including the classroom, cafeteria, school bus and after school activities.
6. Provide the school with current contact information, a recent photograph and maintain updated emergency medical contact information throughout the school year.
7. Attend field trips, when possible. (Preschool-5<sup>th</sup> grade)
8. Predetermine the safety of food selections in the cafeteria by personally reviewing ingredient labels which will be provided to you by food service staff upon request.
9. Inform Transportation Services of your child's food allergy. Request preferential seating at the front of the bus if you feel this will better safeguard your child.

## Procedural Guidelines cont'd.

### Responsibilities of Student:

1. NEVER share snacks, lunches, drinks, or utensils.
2. Use proper hand washing before and after eating (not hand-sanitizer).
3. Learn to recognize symptoms of an allergic reaction and notify a staff member or an adult. Ask a friend to help you if you cannot get to an adult.
4. Immediately inform a staff member/ adult as soon as accidental ingestion of an allergen has occurred.
5. When approved by your parent, and authorized by your physician, carry emergency medications at all times. (Appendix A)
6. When approved by your parent, and authorized by your physician, be prepared to self-administer Epinephrine auto- injector. Demonstrate that responsibility by showing the nurse your technique with the Epinephrine auto- injector trainers. (Appendix A)
7. Report teasing and/or bullying to a staff member or trusted adult.
8. Throughout the school years, develop and demonstrate greater self-care practices to prevent exposure to allergens and to self-treat with appropriate therapy.

### Responsibilities of School Administration:

1. Follow all applicable State and Federal laws such as but not limited to, ADA, IDEA, Section 504, and FERPA.
2. Annually provide time for the school nurse to train and educate certified staff on:
  - reducing food allergen exposures
  - signs and symptoms of allergic reactions
  - emergency procedures, including how to administer emergency medications
3. Support faculty, staff, and parent/guardian in implementing all aspects of the Individual Health Care Plan and/or 504 Plan.
4. Designate a trained staff member to administer epinephrine when the school nurse is not available. Notify food allergic students, if age appropriate, of this person's location and name.
5. Inform staff of food allergy policy of using **non-edible** treats for birthday celebrations, classroom rewards and incentives. Note: Parents/guardians of a student with known food allergies will be informed of events where food will be served. Only the parent/ guardian may determine if a food item is safe. The parent/guardian may provide alternative food items for their child.

## Procedural Guidelines cont'd.

### Responsibilities of School Administration cont'd:

6. Inform staff to avoid use of food for classroom activities, e.g. arts and crafts, counting, and science projects within the classroom setting.
7. For allergen prevention and other health, safety, pest and property concerns, computer labs and gymnasiums are designated as food free zones at all times. Designate the library/media center, music room, and art room as food free zones during school hours. In the event that these areas are utilized after school hours for special events where food will be served, the areas will be cleaned prior to the return of students.
8. Provide annual training on signs and symptoms of allergic reactions and proper cleaning of the "peanut/tree nut FREE" areas to lunch room monitors. (K-5<sup>th</sup> grade)
9. Provide disposable paper towels and cleaning product in a spray bottle to lunch room monitors to properly clean "peanut/tree nut FREE" areas. (K-5<sup>th</sup> grade)
10. Instruct lunch room monitors to prevent students with food allergies from being involved in group garbage disposal and group table cleaning. Disposal of the food allergic student's own trash can be allowed. (K-5<sup>th</sup> grade)

### Responsibilities of the School Nurse:

1. Review medical information provided by the parent/guardian of all students at the beginning of each school year, and for all new students as they enter the school.
2. Meet with parent/guardian of students with food allergies to obtain a medical history and to develop an Individual Health Care Plan, and/or 504 Plan for the student.
3. Ensure that the Food Allergy & Anaphylaxis Emergency Care Plan is completed and reviewed. This completed Food Allergy & Anaphylaxis Emergency Care Plan is to be distributed to appropriate staff.
4. Ensure proper storage of emergency medication. Including:
  - Following manufacturer's guidelines for storage.
  - Easy accessibility to school staff during the school day (stored in an unlocked cabinet in the Nurse's Office and per student IHCP).
  - Facilitating arrangement for provision of medication and administration for school sponsored after school activities, as necessary
  - Arrange for student to self-carry emergency medications, when developmentally appropriate and authorized. (Appendix A)

## Procedural Guidelines cont'd.

### Responsibilities of the School Nurse cont'd:

5. Provide annual training and education to certified school staff on life-threatening food allergies, symptoms, risk reduction procedures, and emergency procedures including how to administer emergency medications by demonstrating the use of epinephrine auto injectors via the auto-injector trainers.
6. Provide annual review to all students who self-carry emergency medication, of emergency medication administration with visual demonstration of epinephrine auto-injectors (using a trainer device) and oral review of signs and symptoms of allergic reactions.
7. Provide a contingency plan for the administration of epinephrine for known food allergic students with a current order for epinephrine, in the event that the school nurse is not available.

### Responsibilities of Teachers:

1. Participate in annual training and education regarding:
  - reducing food allergen exposures
  - signs and symptoms of allergic reactions
  - emergency procedures, including how to administer emergency medications
2. Participate in the development and implementation of the Individual Health Care Plan and/or 504 Plan, including necessary accommodations of students in the classroom with a life-threatening allergy.
3. Keep information, i.e. Individual Health Care Plan/504 plan and the Food Allergy & Anaphylaxis Emergency Care Plan, for substitute teachers in an organized, prominent, and accessible format.
4. Inform student teachers, aides, specialists, substitute teachers, and others identified as “need to know” of student's food allergies and necessary safeguards.
5. Educate classmates to avoid endangering, isolating, or harassing students with food allergies; enforce school bullying policy.
6. Reinforce the importance of hand- washing before and after eating known allergens.(Preschool-5<sup>th</sup> Grade)
7. Inform parents/guardians of school policy that all treats for birthday celebrations, classroom rewards and incentives are to be **non-edible** items. (Preschool-5th Grade)
8. Avoid use of food for classroom activities, e.g. arts and crafts, counting, and science projects within the classroom setting.

## Procedural Guidelines cont'd.

### Responsibilities of Teachers cont'd.:

9. Classroom snack time food choices will be limited to those brought from home by the individual students and are in compliance with the allergen aware classroom guidelines. Students who have a snack containing a known food allergen for a particular classroom will eat the snack in a non-allergen free classroom. (Preschool-5<sup>th</sup> grade)
10. Be familiar with the signs and symptoms of a severe allergic reaction as provided in the student's Individual Health Care Plan.
11. Implement the Food Allergy & Anaphylaxis Emergency Care Plan IMMEDIATELY when a reaction is suspected.
12. Never permit students suspected of having a reaction to walk to the Nurse's office alone.
13. Inform parent/guardian in advance of school events where food will be served via Celebration Form. Only a parent/guardian may decide the safety of a food item for their child. The parent/guardian may provide alternative food items for their child. (Pre-school-5<sup>th</sup> grade) (Appendix B)
14. Invite and encourage parent/guardian of students with food allergies to accompany the student on school trips.(Pre-school-5<sup>th</sup> grade)
15. Collaborate with the school nurse prior to field trip to:
  - Plan ahead for risk avoidance at the destination.
  - Ensure Food Allergy & Anaphylaxis Emergency Care Plan and emergency medications are taken on field trip.
  - Arrange for designated trained staff to:
    - Accompany the student with food allergies on the field trip.
    - Maintain the student's emergency medications.
    - Follow the Food Allergy & Anaphylaxis Emergency Care Plan, if needed.
    - Administer the emergency medication if needed.

### Responsibilities of Nutrition Services:

1. Provide annual training to all nutritional service employees regarding safe food handling practices to avoid cross contamination with potential food allergens.
2. Maintain contact information for manufacturers of food products and make it available to parent/guardian upon request. Provide food labels upon request.
3. Provide advance copies of the menu upon parent/guardian request.

## Procedural Guidelines cont'd.

### Responsibilities of Nutrition Services cont'd.:

4. Maintain a list of students with food allergies and a recent photo if provided by the family (K-5<sup>th</sup> grade) maintaining confidentiality by following FERPA laws and guidelines.
5. Treat all complaints from students seriously. **Never** send a student suspected of having an allergic reaction alone to the Nurse's Office.

### Responsibilities of School Transportation Services:

1. Provide annual training to all school bus drivers on the prevalence of food allergies, symptoms of anaphylaxis and how to support a student who self-administers epinephrine.
2. Maintain and reinforce strict policy of no eating on the bus- except when medically indicated, i.e. students with diabetes.
3. Provide functioning emergency communication devices on each bus.
4. Follow Transportation policy for alerting dispatch and 911.
5. Support preferential seating at the front of the bus for students with known life-threatening food allergies, upon parent request.

## Resources

- American Academy of Asthma, Allergy and Immunology. (2006). "Food allergy: a practice parameter"  
<http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20and%20Parameters/food-allergy-2006.pdf>
- American Academy of Pediatrics. (2010). "Management of Food Allergy in the School Setting"  
<http://pediatrics.aappublications.org/content/early/2010/11/29/peds.2010-2575.full.pdf+html>
- Connecticut Association of Boards of Education (CABE)  
Students with Special Health Care Needs #5141.23  
<http://www.policy.cabe.org>
- Connecticut State Department of Education  
"Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools"

### Resources cont'd.

- Food Allergy Research & Education. (2013).  
"Food Allergy Facts and Statistics for the U.S."  
<http://www.foodallergy.org/document.doc?id=194>
- National Association of School Nurses (NASN). (2013).  
Food Allergy and Anaphylaxis "An NASN Tool Kit"  
<http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis>
- National Center for Biotechnology Information, U.S. National Library of Medicine. (2004).  
"Distribution of peanut allergen in the environment"  
<http://www.ncbi.nlm.nih.gov/pubmed/15131582>
- National Center for Biotechnology Information, U.S. National Library of Medicine. (2013).  
"Persistence of peanut allergen on a table surface"  
<http://www.ncbi.nlm.nih.gov/pubmed/23419031>
- National School Boards Association (NSBA). (2011).  
"NSBA Safe at School and Ready to Learn: A Comprehensive Policy Guide for Protecting Students with Life-threatening Food Allergies"  
<http://www.nsba.org/Board-Leadership/SchoolHealth/Food-Allergy-Policy-Guide.pdf>
- American Academy of Allergy, Asthma, and Immunology (AAAAI). (2009).  
School Tools: Allergy & Asthma Resources for Professionals American Academy of Allergy  
Asthma & Immunology.  
[http://www.aaaai.org/professionals/school\\_tools.stm](http://www.aaaai.org/professionals/school_tools.stm)
- American Academy of Pediatrics. (2010). Management of food allergies in the school setting,  
American Academy of Pediatrics Section on Allergy and Immunology,  
<http://pediatrics.aappublications.org/content/126/6/1232.full.pdf+html>
- American College of Allergy, Asthma, & Immunology (ACAAI). (2008).  
Position Statement: Anaphylaxis in Schools and Other Child-Care Settings.  
[http://www.aaaai.org/media/resources/academy\\_statements/position\\_statements/ps34.asp](http://www.aaaai.org/media/resources/academy_statements/position_statements/ps34.asp)
- National Association of School Nurses (NASN). (2001).  
Position statement: Medication administration in the school setting.  
<http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/86/Medication-Administration-in-the-School-Setting-Revised-2011>
- National Association of School Nurses (NASN). (2001).  
Position statement: The role of school nurses in allergy/anaphylaxis management.  
[http://www.nasn.org/Default.aspx?tabid\\_198](http://www.nasn.org/Default.aspx?tabid_198)



### **Resources cont'd.**

- National Institute of Allergy and Infectious Disease. (2010). "Guidelines for the Management of Food Allergy in the United States." National Institute of Allergy and Infectious Disease, Department of Health and Human Services Full report: <http://download.journals.elsevierhealth.com/pdfs/journals/0091-6749/PIIS0091674910015666.pdf>

Summary for clinicians:

<http://www.niaid.nih.gov/topics/foodAllergy/clinical/Documents/FAGuidelinesExecSummary.pdf>

Summary for families:

<http://www.niaid.nih.gov/topics/foodAllergy/clinical/Documents/FAguidelinesPatient.pdf>

### **Legal References**

The Americans with Disabilities Act (ADA)

Section 504 of the Rehabilitation Act of 1973

The Individuals with Disabilities Education Act of 1976 (IDEA)

The Family Education Rights and Privacy Act of 1974 (FERPA)

CGS 10-212c Life-threatening food allergies

CGS 10 212a Administration of Medications in Schools

Section (d) of CGS 10-212a Administration of Medications in Schools by a paraprofessional

CGS 10-220i Transportation of Students carrying cartridge injectors

CGS 52-557b Good Samaritan Law

Public Act No. 12-198 (HB 5348) An Act Concerning the Administration of Medicine to Students with Diabetes, the Duties of School Medical Advisors, the Availability of CPR and AED Training Materials for Boards of Education and Physical Exercise During the School Day

The Regulations of Connecticut State Agencies Section 10-212a-1 through 10-212a

Administration of Medications by School Personnel and Administration of Medication During Before-and After-School Programs and School Readiness Programs.

# FOOD/INSECT & EMERGENCY ALLERGY CARE PLAN and MEDICATION AUTHORIZATION

Connecticut State Law and Regulations 10-212(a) require a written medication order of an authorized prescriber, (physician, dentist, optometrist, advanced practice registered nurse or physician's assistant, and for interscholastic and intramural sports only, a podiatrist) and parent/guardian written authorization, for the nurse, or in the absence of the nurse, a qualified school personnel to administer medication.

**Appendix A-1**

Name of School: TRUMBULL PUBLIC SCHOOLS

<b>STUDENT INFORMATION</b>	<b>Student Name</b>	<b>DOB:</b>
	<b>Home/Cell Phone</b>	<b>Grade</b>
	<b>Known Life-Threatening Allergies:</b>	History of Asthma? <input type="checkbox"/> No <input type="checkbox"/> Yes (Asthma may indicate an increased risk of severe reaction)
	<b>Diagnosis of Oral Allergy Syndrome?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	History of SEVERE Anaphylactic Reaction? <input type="checkbox"/> No <input type="checkbox"/> Yes,
	Please list allergens:	If checked YES, give epipen immediately if allergen was <i>likely</i> eaten, at onset of <i>any</i> symptoms, and follow the protocol below

<b>TREATMENT PLAN</b>	<p><b>ANY ONE OF THESE SEVERE SYMPTOMS OF ANAPHYLAXIS AFTER SUSPECTED OR KNOWN INGESTION:</b></p> <ul style="list-style-type: none"> <li>➤ Difficulty breathing or swallowing</li> <li>➤ Dizzy, faint, confused, pale or blue, hypotension/weak pulse</li> </ul> <p style="text-align: center;">OR</p> <p><b>ANY COMBINATION OF SYMPTOMS FROM DIFFERENT BODY AREAS:</b></p> <p><b>AIRWAY:</b> Short of breath, chest tightness, wheeze, repetitive cough, profuse runny nose</p> <p><b>THROAT:</b> Tight, hoarse, trouble breathing/swallowing, drooling</p> <p><b>MOUTH:</b> Swollen lips or tongue</p> <p><b>SKIN:</b> Hives, Itchy rashes, swelling (e.g., eyes, lips)</p> <p><b>GUT:</b> Nausea, Vomiting, diarrhea, crampy pain</p>	<p><b>FOLLOW THIS PROTOCOL:</b></p> <ol style="list-style-type: none"> <li>1. INJECT EPINEPHRINE IMMEDIATELY!</li> <li>2. Call 911</li> <li>3. Raise feet above the head, remain lying down &amp; continue monitoring</li> <li>4. Give additional medications as ordered                         <ul style="list-style-type: none"> <li>- Antihistamine</li> <li>- Bronchodilator/Albuterol if has asthma</li> </ul> </li> <li>5. Notify Parent/Guardian</li> <li>6. Notify Prescribing Provider / PCP</li> <li>7. When indicated, assist student to rise slowly.</li> </ol>
	<p><b>ORAL ALLERGY SYNDROME (IF DIAGNOSIS CONFIRMED ABOVE):</b></p> <p><b>MOUTH:</b> Itchy mouth, lips, tongue and/or throat</p> <p><b>SKIN:</b> Itching just around mouth</p>	<ol style="list-style-type: none"> <li>1. GIVE ANTIHISTAMINE (swish, gargle, &amp; swallow)</li> <li>2. Monitor student as indicated; notify healthcare provider &amp; parent as indicated</li> <li>3. If progresses to symptoms of anaphylaxis, USE EPINEPHRINE (as stated above)</li> </ol>

➤ THE SEVERITY OF SYMPTOMS CAN QUICKLY CHANGE. ALL SYMPTOMS OF ANAPHYLAXIS CAN POTENTIALLY PROGRESS TO A LIFE THREATENING SITUATION!

<b>DOSAGE OF MEDICATIONS</b>	Epinephrine	<input type="checkbox"/> Epi Auto-injector, Jr (0.15mg) inject intramuscularly <input type="checkbox"/> Epi Auto-injector (0.3mg) inject intramuscularly ➤ A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur.	
	Antihistamine	<input type="checkbox"/> Benadryl/Diphenhydramine Dose: Route: PO Frequency:	<input type="checkbox"/> Other Dose: Route:
	Medication shall be administered during school year:	<b>2014 TO 2015</b>	
<p><b>NOTE: IF NURSE IS NOT AVAILABLE, THE EPINEPHRINE AUTO INJECTOR MAY BE GIVEN BY DESIGNATED SCHOOL PERSONNEL FOR ANY ANAPHYLAXIS SYMPTOMS</b></p>			

**TO BE COMPLETED BY PARENT AND AUTHORIZED HEALTHCARE PROVIDER**

<b>AUTHORIZATION</b>	Prescriber's Signature: _____ <i>Confirms student is capable to safely and properly carry medication</i>	Prescriber's Authorization to Carry &/or Self Administer ___ Yes ___ No
	Confirms student is capable to safely and properly administer medication	___ Yes ___ No
	Parent: I hereby request that the above ordered medication be administered by school personnel and consent to communications between the school nurse and the prescriber that are necessary to ensure safe administration of this medication. This protocol will be in effect until the end of the current or extended school year. This medication will be destroyed if not picked up within one week following termination of the order or the end of the school year. Whichever comes first, unless the student will be attending an extended school year (ESY) program. A new protocol will be needed for the next school year. I have received, reviewed and understand the above information.	
Parent's Signature: _____	Parent's Authorization to Carry &/or Self Administer Carry ___ Yes ___ No Administer <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____  <b>PREScriBER'S PRINTED NAME OR STAMP</b>

**\*TURN OVER FORM FOR INSTRUCTIONS ON ADMINISTERING EPIPEN AND EPIPEN JR.\***

## EMERGENCY CARE PLAN FOR STUDENT

NAME: \_\_\_\_\_ GRADE/SCHOOL: \_\_\_\_\_

### **SYMPTOMS OF ANAPHYLAXIS:**

- Chest lightness, shortness of breath, cough, wheezing, profuse runny nose
- Dizzy, faint, pale, blue, confused
- Tightness and/or itching in throat, difficulty swallowing, hoarseness, drooling
- Swelling of lips, tongue, throat
- Itchy mouth, itchy skin, hives
- Hives, itching (anywhere), swelling (eg face, eyes)
- Nausea, vomiting, diarrhea, crampy pain

Insert Picture if available

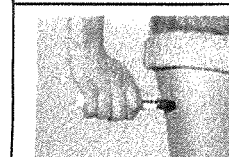
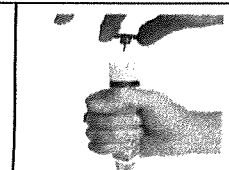
### **IF ALLERGEN LIKELY EATEN (OR STUDENT STUNG), FOLLOW THIS EPINEPHRINE PROTOCOL AT THE ONSET OF ANY OF THE ABOVE SYMPTOMS:**

1. Administer Epi Auto-Injector: **circle one:** (0.15mg 0.3mg)
2. Have someone call 911 for ambulance, don't hang up, and stay with student
3. Administer Benadryl: **circle one** 12.5mg 25mg 37.5mg 50mg other \_\_\_\_\_
4. Have student lie down with feet above level of head until EMS arrives
5. Notify school and parent/guardian as soon as possible

### **EPI AUTO-INJECTOR DIRECTIONS:**

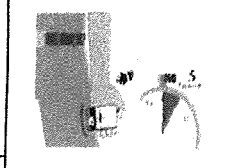
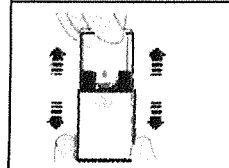
**For EPIPEN and EPIPEN JR.:**

1. Pull off blue activation cap.
2. Hold orange tip near outer thigh (always apply to thigh).  
Okay to inject through clothing.
3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10; remove and massage 10 sec. Auto-Injector should then be removed and take to Emergency Room.



**For Auvi-Q:**

1. Follow verbal instructions.
2. Pull off red safety guard. Pull firmly to remove.
3. Place black end against middle of outer thigh (through clothing if needed.) Then press firmly and hold in place for 5 seconds.



### **EMERGENCY CONTACTS**

1. Name:  
Relation:  
Phone:
2. Name:  
Relation:  
Phone:

### **EMERGENCY/PHYSICIAN CONTACTS**

1. Name:  
Relation:  
Phone:
2. Name:  
Relation:  
Phone:

Town of Trumbull Department of Nursing

Celebration Form

**NO** peanut or tree nut products will be served at celebrations. It is requested that **store bought** foods with **ingredient labels** be served. Under no circumstances will school staff attempt to determine the safety of any food for any student.

School \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Celebration Date \_\_\_\_\_

Curriculum Connection to the Celebration \_\_\_\_\_

Location of the Celebration \_\_\_\_\_

List of **known allergens** for participants in this event (teacher to complete, nurse to verify):

Parent Coordinator \_\_\_\_\_ Email \_\_\_\_\_

Parent Coordinator \_\_\_\_\_ Email \_\_\_\_\_

List of foods to be served \_\_\_\_\_

**No last minute substitutions should be made to this list.**

Ingredient labels for food to be served have been provided to teacher in advance  
yes \_\_\_\_\_ no \_\_\_\_\_

Parents of students with known food allergies have been given a completed copy of this form including ingredient labels when provided. Each parent/guardian of a student with food allergies has **EITHER** given written permission for their student to consume the food listed above using the permission slip form **OR** will provide alternative food items for their student's consumption during the celebration.

Signature of teacher \_\_\_\_\_ Date \_\_\_\_\_

Form reviewed by nurse \_\_\_\_\_ Date \_\_\_\_\_

Town of Trumbull Department of Nursing

Food Celebration Permission Slip for Students with Known Food Allergies

School \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Celebration Date \_\_\_\_\_

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

List of known food allergens for this student \_\_\_\_\_

I have received and reviewed the Celebration form for this event listing the food items to be served Yes\_\_\_\_ No \_\_\_\_

Circle and Fill in options that apply:

I *give my permission* for \_\_\_\_\_ to eat the following foods, (as listed on Celebration Form):

I *do not give permission* for \_\_\_\_\_ to eat the food listed on the Celebration Form for this event.

I *will send a safe snack(s)* from home for \_\_\_\_\_ to eat at this event.

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

Form reviewed by teacher \_\_\_\_\_ Date \_\_\_\_\_

Form reviewed by nurse \_\_\_\_\_ Date \_\_\_\_\_

