

Grace Children's Learning Center

Individualized Food Allergy Health Care Plan

School Year _____

Name of Student: _____

Teacher: _____

Schedule _____

Allergen (s): _____

Please mark if this is _____ Allergy _____ Intolerance _____ Personal Preference
(Physician must sign for all food allergies)

Prevention

Problem:

Potential for anaphylaxis and or less serious allergic reactions secondary to exposure to food allergen: Please describe any possible side effect to the allergen or intolerance.

Interventions:

To avoid exposure to food allergen:

1. Administration/ Parent will inform teachers, first responder in school building about student's food allergy at the beginning of every school year. Paper work will be available in the school office and child's classroom.
2. Parent will send student to school with lunch and snacks if there is a food allergy. If it is an Intolerance or Personal Preference the parent will provide a copy of the snack calendar to the teacher with the snacks the child may have high lighted. Parent is responsible for providing snack on days not highlighted.
3. Parent will provide special "safe snack box" for student to choose from if classmates bring treats containing allergen(s).
4. Teacher will call parent to question whether a particular food product is safe if unsure.
4. If food provided by classmate has unknown content, student will be instructed not to ingest it.
5. At snack and lunch time, supervising staff will monitor student activity to prevent sharing of foods or exposure in any way (through topical exposure) between allergic student and classmates.
6. Student will be instructed to tell staff immediately if exposed either through ingestion or topically to food allergen.
7. **ALL Students with serious/ life threatening allergies must have a completed "FOOD ALLERGY ACTION PLAN" completed by the parent and physician at the beginning of each new school year.** (This includes the med orders as well.) When there is a change to the student's allergies a new form must be completed by the parent and physician.
10. List any other interventions specific to student for each allergen, intolerance or personal preference.

Goals:

1. Student will avoid exposure to allergen
2. Student will not have any allergic reactions
3. Communication between parents and school personnel will be on-going

Parent's Signature

Date

Physician's Signature

Date

Date Notified:

By Whom:

Classroom Teachers

Administration

Building First Responders

