ROSE TREE MEDIA SCHOOL DISTRICT

EXCELLENCE
TODAY
FOR TOMORROW

Rose Tree Media School District
308 North Olive Street
Media, Pennsylvania 19063-2493
Telephone 610.627.6000

www.rtmsd.org

William M. Dougherty
Acting Superintendent of Schools

Frances K. Garner, Ed.D.
Director of Student Services

Date:

Dear Parent/Guardian:

The health care forms you submitted for _____ indicate that she/he has a potentially life-threatening allergy.

The school requires your cooperation in supplying the following:

1) A completed **Allergy Management Checklist** from your health care provider when school accommodations are necessary.

2) A completed **Allergy and Anaphylaxis Emergency Plan** from your health care provider with instructions the school is to follow in the event your child experiences an allergic reaction while at school.

3) Please sign the parent/guardian permission section at the bottom of the **Allergy and Anaphylaxis Emergency Plan** and complete the back page of the form.

4) If your child will be carrying medication (i.e. an EpiPen, Auvi-Q, or generic epinephrine auto injector) to self-administer in the event of an allergic reaction, please have your health care provider check the appropriate box on the **Allergy and Anaphylaxis Emergency Plan.**

5) Parent/guardian are to provide Epinephrine (such as an EpiPen, Auvi-Q, or generic epinephrine auto injector), or other medications, such as Benadryl, if necessary, for treatment of an allergic reaction.

Your prompt attention to the above matter is essential if we are to safely care for your child while at school.
Please provide the above information to the school nurse by the first week of school.
If you have any questions, feel free to contact your child's school nurse.

Sincerely,

Frances K. Garner, Ed.D.
Director of Student Services

Glenwood School Nurse
Phone/Fax: 610-627-6903

Indian Lane School Nurse
Phone/Fax: 610-627-7104

Media School Nurse
Phone/Fax: 610-627-6805

Rose Tree School Nurse
Phone/Fax: 610-627-7228

Springton Lake School Nurse
Phone: 610-627-6512/Fax: 610-627-6531

Penncrest School Nurse
Phone: 610-627-6213/Fax: 610-627-6401

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ALLERGY MANAGEMENT CHECKLIST

Student's Name: _____ Date of Birth: _____

Bus Transportation:

- ☐ Monitoring of allergens on bus is not necessary; child will self-limit
- ☐ Allergen aware area is not required, but child must sit in front area of bus
- ☐ Child must carry Epinephrine on the bus in his/her backpack
- ☐ Other: (Please specify) _____

Classroom Accommodations:

- ☐ Monitoring of allergens is not necessary; child will self-limit
- ☐ Allergen aware area is not required, and child may share pre-approved Allergen aware snacks
- ☐ Allergen aware area is not required, but child must eat only food provided by parent/guardian
- ☐ *Allergen aware classroom is required* (This choice makes an Allergen aware cafeteria area mandatory)
- ☐ Other: (Please specify) _____

Cafeteria Accommodations:

- ☐ Monitoring of allergens in cafeteria is not necessary; child will self-limit
- ☐ Allergen aware area is not required, but child must not share food
- ☐ *Allergen aware cafeteria area is required* (This choice makes an Allergen aware classroom area mandatory)
- ☐ Other: (Please specify) _____

Field Trip Accommodations:

- ☐ Monitoring of allergens on field trips is not necessary; child will self-limit; Parent will review menu for safe foods.
- ☐ Monitoring of allergens on field trips is not necessary, but child must eat only food provided by parent/guardian
- ☐ Child should remain with teacher or parent/guardian during the entire field trip and must eat only food provided by parent/guardian
- ☐ Other: (Please specify) _____

Physician's Printed Name: _____

Physician's Signature _____ Date _____

Physician's Office Stamp:

Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Child's name: _____ **Date of plan:** _____

Date of birth: ____/____/_____ **Age** _____ **Weight:** _____kg

Child has allergy to _____

Attach child's photo

Child has asthma. ☐ Yes ☐ No (If yes, higher chance severe reaction)
Child has had anaphylaxis. ☐ Yes ☐ No
Child may carry medicine. ☐ Yes ☐ No
Child may give him/herself medicine. ☐ Yes ☐ No (If child refuses/is unable to self-treat, an adult must give medicine)

IMPORTANT REMINDER
Anaphylaxis is a potentially life-threating, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis
What to look for

If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine.**

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

☐ **SPECIAL SITUATION**: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine.**

Give epinephrine!
What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
   - Ask for ambulance with epinephrine.
   - Tell rescue squad when epinephrine was given.
3. Stay with child and:
   - Call parents and child's doctor.
   - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
   - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
   - Antihistamine
   - Inhaler/bronchodilator

For Mild Allergic Reaction
What to look for

If child has had any mild symptoms, **monitor child.**
Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

Monitor child
What to do

Stay with child and:

- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child's doctor.
- If more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

Medicines/Doses

Epinephrine, intramuscular (list type): _____ Dose: ☐ 0.10 mg (7.5 kg to less than13 kg)*
☐ 0.15 mg (13 kg to less than 25 kg)
☐ 0.30 mg (25 kg or more)

Antihistamine, by mouth (type and dose): _____ (*Use 0.15 mg, if 0.10 mg is not available)

Other (for example, inhaler/bronchodilator if child has asthma): _____

_____ _____ _____ _____
Parent/Guardian Authorization Signature **Date** **Physician/HCP Authorization Signature** **Date**

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Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Child's name: _____ **Date of plan:** _____

Additional Instructions:

Contacts

Call 911 / Rescue squad: _____

Doctor: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Other Emergency Contacts

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

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