

## **STUDENTS WITH FOOD ALLERGIES**

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The Board recognizes that many students are being diagnosed with potentially life-threatening food allergies. To address this issue and meet state law requirements concerning the management of food allergies and anaphylaxis among students, the Board authorizes the superintendent to set forth the following requirements.

#### **Health Care Plan**

The school nurse, or a school administrator in consultation with the school nurse, shall develop and implement a health care plan (plan) for each student with a diagnosis of a potentially life-threatening food allergy. The Plan shall address communication between the school and emergency medical services, including instructions for emergency medical responders.

#### **Reasonable Accommodations**

Reasonable accommodations shall be made to reduce the student's exposure to agents that may cause anaphylaxis within the school environment. If a student qualifies as a student with a disability in accordance with federal law, the student's Section 504 plan, individualized education program (IEP), and/or other plan developed in accordance with applicable federal law shall meet this requirement. Dietary accommodations will be made in accordance with the medical statement for children requiring special meals form (see accompanying exhibit).

#### **Access to Emergency Medications**

Emergency medications for treatment of the student's food allergies or anaphylaxis shall be kept in a secure location accessible to designated school staff. Whenever possible and in a timely fashion, the student's parent/legal guardian shall supply the school with the medication needed for treatment of the student's food allergies or anaphylaxis. The school nurse or designee will make a reasonable attempt to remind the parent to provide the necessary medications. If medication is not supplied by the parent/legal guardian, then the health care plan will direct school staff to notify emergency medical services (911) in the event of a life-threatening reaction. A student who is authorized to self-carry such medication shall do so in accordance with Board policy JLCD, Administration of Medications.

#### **Staff Training**

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The principal or equivalent school administrator, in consultation with the school nurse, shall determine the appropriate recipients of emergency anaphylaxis treatment training, which shall include those staff directly involved with a student who has a known food allergy during the school day. At a minimum, the training shall prepare staff to have a basic understanding of food allergies and the importance of reasonable avoidance of agents that may cause anaphylaxis, the ability to recognize symptoms of anaphylaxis, and the ability to respond appropriately when a student suffers an anaphylactic reaction. The training shall also include instruction in the administration of self-injectable epinephrine.

LEGAL REFS.:       20 U.S.C. 1400 *et seq.* (*Individuals with Disabilities Education Improvement Act of 2007*)  
                          29 U.S.C. 701 *et seq.* (*Section 504 of the Rehabilitation Act of 1973*)  
                          42 U.S.C. 12101 *et seq.* (*Americans with Disabilities Act*)  
                          C.R.S. 22-2-135 (*Colorado School Children's Food Allergy and Anaphylaxis Management Act*)  
                          C.R.S. 22-32-139 (*policy required regarding management of food allergies and anaphylaxis among students*)  
                          C.R.S. 25-1.5-109 (*Colorado Department of Public Health and Environment shall develop, maintain and make available a standard form for school districts to gather information concerning students' food allergies*)  
                          1 CCR 301-68 (*State Board of Education rules regarding Administration of Colorado School Children's Asthma and Anaphylaxis Act and Colorado School Children's Food Allergy and Anaphylaxis Management Act*)

CROSS REF.:       JLCD, Administering Medications to Students

*NOTE: State law requires school districts to provide notice of this policy to the parent/legal guardian of each student enrolled in a district school prior to the beginning of each school year. C.R.S. 22-2- 135(3)(b). The notice must include the standard allergy and anaphylaxis form developed by the Colorado Department of Public Health and Environment pursuant to C.R.S. 25-1.5-109. The notice must also include language that encourages parents/legal guardians of students for whom medication has been prescribed for treatment of a food allergy or anaphylaxis to give a supply of medication to the school nurse or other school*

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*administrator, unless the student has an approved treatment plan that authorizes the student to self-administer the medication. C.R.S. 22-2-135(3)(c).*

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**Medical Statement for Children Requiring Special Meals**

<b>Name of Student:</b>	<b>School District:</b>
<b>Birth Date:</b>	<b>Grade:</b>
<b>Parent/Guardian Name:</b>	<b>School:</b>
<b>Phone:</b>	<b>School Phone:</b>

**For Physician's Use**

Identify and describe disability or medical condition, including allergies, that requires the student to have a special diet. Describe the major life activities affected by the student's disability.

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**Diet Prescription (check all that apply):**

- ◆ Diabetic (include calorie level, carbohydrate count, and attach a meal plan)
- ◆ Modified Texture and/or liquids

**Indicate Texture** (see attached sheet for additional information):

- Regular    Chopped    Ground    Pureed

**Indicate thickness of liquids:**

- Regular    Nectar    Honey    Pudding

- ◆ Reduced or Increased Calorie: \_\_\_\_\_ calories

- ◆ Other (e.g. PKU, Ketogenic, Tube Feeding): \_\_\_\_\_

- ◆ Special Feeding Equipment: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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**Food Omitted and Substitutions:**

Use the space to list specific food(s) to be omitted and the food(s) that may be substituted. You may attach an additional sheet if necessary. Describe in as much detail as possible.

<i>Omitted Food</i>	<i>Substituted Food</i>

**I certify that the above-named student needs special school meals as described above due to the student's disability or chronic medical condition.**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer or Contact's Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**I hereby give my permission for the school staff to follow the above-stated nutrition plan.**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date