

Saint Timothy Catholic School

Additional Severe Allergy Information

Student's Name: _____ **Grade:** _____

- **Student's Allergens:** _____

Route of Exposure: __ *Ingestion* __ *Contact* __ *Inhalation* __ *Sting*

If student has had an allergic reaction, please list the symptoms

noted: _____

Staff will be alerted of student allergies!

Classroom Allergies

If your child has multiple allergens, we request that you provide your teacher with a plastic container of safe snacks. Please label the container with the student name, snack name, and allergens within the snack.

- Parents will be notified of classroom parties through the Teacher WebPages – Please review the food list and contact the teacher directly of any allergen concerns.
- Alternative food(s) can be provided by the parent for any classroom or school-wide celebration.

Cafeteria

- The kitchen manager and cafeteria manager are notified of all student food allergies.
- The parent is to review the food choices served in the cafeteria informing student of safe foods to purchase by contacting the kitchen manager. **The school does not assume responsibility for purchased cafeteria items** that may possess the child's allergens.

Check if your child is to sit at a restricted table in the cafeteria:

_____ Peanut Free Table

_____ Dairy / Nut Free Table

Parents are responsible for educating parents of children requested to sit at the table and provide a list of student names to the kitchen and cafeteria managers. *Separate cleaning supplies are provided for these specified tables.*

Bus:

Transportation will be alerted of student allergies and medications

Field Trip Procedures:

Lifesaving medications will be sent on all field trips. Parents are encouraged to attend all field trips but when not possible, the child will be with the teacher during the field trip.

If the parent is attending the field trip, they will carry their child's medication. Please notify the school nurse if you are bringing lifesaving medications from home; so, the school medication pack is not sent. All medication provided from the school during the field trip will be returned to the teacher at the end of the field trip.

Aftercare Program Lifesaving Medication: (EpiPen, Benadryl or inhaler for allergic / anaphylactic reactions)

The school health clinic is closed after dismissal and during after school activities!

Students who are ***registered for the Aftercare Program*** and will be attending on an as needed (drop in) or regular basis ***will need to have a separate set of medications*** provided by a parent / guardian for the Aftercare Program.

If your child is not registered for the Aftercare Program and his / her ride is delayed due to an emergency, please notify the school clinic (703-378-9408 ext 201) or Aftercare Director (703-378-1329) as soon as possible. The clinic medication will be taken to the Aftercare Program as an emergency back up for that day only.

 I will provide a labeled medication and a completed medication form directly to the Director of the After Care Program, discussing the medication use and pertinent medical history.

Self Administration of Lifesaving Medications:

 My child is trained on when and how to administer lifesaving medications. She / he has demonstrated safe administration or practice to myself and/or the pediatrician. I give consent for my child to self administer and carry lifesaving medication. **The parent understands that the school is not responsible for negative outcomes resulting from self-administration of life saving medications. The permission to self administer may be revoked by the principal if it is determined that your child cannot safely and effectively carry the lifesaving medication.**

 My child agrees to notify staff immediately of self administration of lifesaving medication so EMS can be called.

 Student agrees to never share the lifesaving medications or use in an unsafe manner.

By signing below, you have consented to sharing the information with the staff at Saint Timothy Catholic School.

Parent Signature

Date

Clinic/Nurse Signature

Date