ADVOCATING FOR YOUR CHILD

If your child is in a public school you have the right under The Rehabilitation Act of 1973 to ask that a 504 Plan is developed. The 504 plan will help make sure your child is not excluded from program/activities and help safely manage their food allergy.

If your child is in a private school, charter school, or other independent school you have the right under The Americans with Disabilities Act (ADA) and possibly under other federal/state legislation to ask that a plan is developed.

Note: See sample 504 Plan in the Healthcare Professionals section

If your school does not have a school nurse you may want to contact your school board, superintendent, principal, teacher, and counselor to request a school nurse.

These are some points to include when speaking and/or writing to school staff.
• My child (name of child) suffers from life-threatening food allergy to (name of allergen).
• If (name of child) is exposed to even a trace amount of (name of allergen), he/she could have an anaphylactic reaction, which could be deadly within minutes.
• Emergency treatment of anaphylaxis involves prompt administration of epinephrine auto-injector like Generic Adrenacluck®, Auvi-Q™ or EpiPen®.
• Generally, students with life-threatening food allergy are recognized as being disabled under federal law (Section 504, ADA).
• Schools are required to keep children safe during the entire school day, and the way to assure their safety is to have a full-time, qualified school nurse.
• An anaphylactic reaction can happen at any time during the day, and a school nurse is the only member of the school staff who is fully qualified to recognize an allergic reaction and respond appropriately.
• I am requesting that a 504 Plan is developed for (name of child), and that a full-time nurse is part of the plan.
• Some members of the school staff (teachers, coaches, administrative staff, etc.) may have been trained on use of an auto-injector. However, only a school nurse has clinical training in making an assessment of the severity of an allergic reaction.
• There are many other children at (name of school) who have health issues such as asthma, and diabetes that need to be monitored by a school nurse.

Note: Be sure to keep any notes, letters, etc. and include the dates and to say thank you for taking the time to listen/read this note, look forward to your thoughtful reply.
If you involve your child’s health care provider:
• The healthcare provider may write a letter to your School Board, Superintendent, Principal, Teacher, and Counselor. In the letter they can include some of the same points found above, as well as additional reasons for accommodations and the benefit of having a school nurse, such as:

a) Due to the critical nature of food allergies, school districts must be ready to make accommodations to prevent exposure to given foods and respond immediately should a life threatening event occur.

b) Ensuring that the school is prepared for a student with life-threatening food allergies and managing his/her care require the services of a professional nurse, who understands the severity of the condition.

c) The school nurse is the most qualified professional to provide:
   i) Assessment and planning upon entry to school
   ii) Education and training of all school personnel on effective prevention and response to a life-threatening event
   iii) Management of epinephrine auto-injectors

d) The school nurse must also coordinate with the parent/guardian, pediatrician, allergy specialist, teaching staff, and emergency medical services to ensure that an effective emergency action plan is in place. This includes attention to details such as proper storage and handling of specialized medications, student self-management, and field trip management.

e) The school nurse is also the only individual that can administer school-stocked prescription epinephrine to a student or staff member who experiences their first life-threatening allergic reaction at school. Data indicates that 20 to 25% of life-threatening allergic events in schools occur in individuals with no previous history of reactions.