

# GENERAL FOOD ALLERGY AWARENESS

**Estimated to affect 1 in every 13 children under the age of 18.<sup>1,2</sup>**

- Food allergy increased 50% among children age 0–17 years from 1997 through 2011<sup>3,7</sup>
- 30% of children with food allergies also have asthma which increases risk of anaphylaxis
- 17% to 27% of kids experience anaphylaxis for the first time at school.

**THERE IS NO CURE! Strict avoidance is key.**

## Food Allergy

- Immune system response
- Antibodies are created to certain food(s)
- Symptoms severe and life-threatening
- Symptoms: see potential signs & symptoms table

## Food Intolerance

- No immune system response
- Lack certain digestive enzyme (i.e., lactose intolerance)
- Symptoms normally non life-threatening
- Potential symptoms: gas, bloating, abdominal pain, headaches

**9 foods account for 90% of all reactions (note: any food can cause an allergic reaction)<sup>4,5,6</sup>:**

- Milk
- Eggs
- Peanuts
- Tree Nuts
- Sesame
- Soy
- Wheat
- Fish
- Shellfish

## What is anaphylaxis (pronounced ana-fil-axis)?

This is an allergic EMERGENCY. It is a rapid, severe allergic reaction that occurs when a person is exposed to an allergen (an allergy-causing substance). When the allergen enters the blood stream, the body releases chemicals to “protect” itself from the allergen. This is an adverse immunologic response to food protein. These chemicals can cause dangerous symptoms including breathing difficulty, swelling, dizziness, low blood pressure, shock, and even death.

## Potential signs and symptoms of an allergic reaction

**Mouth:** Itchy, swelling of tongue and/or lips

**Throat:** Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

**Skin:** Itchy, hives, redness, swelling, red watery eyes

**Gut:** Nausea, vomiting, cramps, diarrhea

**Lung:** Short of breath, wheeze, repetitive cough

**Heart:** Pale or blue skin color, dizzy/faint, weak pulse

**Neurological:** Sense of “impending doom,” irritability, change in alertness, mood change, confusion

**Other:** Itchy, red, watery eyes

Be aware there are other allergens such as insect venom, medication, and latex that can cause anaphylactic reactions. Please see the FAME manual for additional details.



# GENERAL GUIDELINES ON MANAGING LIFE-THREATENING FOOD ALLERGIES (LTFA) IN THE SCHOOL SETTING

- The recommendation is that every school with a child at risk for anaphylaxis has a full time registered professional nurse on staff, responsible for the development of the Individual Healthcare Plan (IHP), or Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP).
- Every child at risk for anaphylaxis will have one or more of the following: Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP), an Individual Health Plan (IHP) and/or a 504 plan to include a specific classroom plan
- The school will contact local Emergency Medical Service (EMS) to inform them that a student with life-threatening allergy is enrolled (note: not all ambulances carry epinephrine)
- Staff will be trained on food allergy prevalence, symptoms and reaction prevention at least annually and as needed. Drills should also be practiced
- All necessary staff should be trained in epinephrine auto-injector administration
- All necessary staff should be aware of epinephrine auto-injector location (unlocked)
- Develop an emergency shelter-in-place (disaster) plan

## Best Practice

- Read food labels every time
- No food sharing or trading
- Practice good hand washing before and after eating (note: hand sanitizer does not remove the food—soap/water and/or hand wipes are okay)
- Prevent cross-contact of foods, utensils, eating areas, classroom surfaces, etc.
- Clean and disinfect all surfaces
- Substitute food items in classroom lesson plans and special events

1. Branum AM, Lukacs SL. Food allergy among U.S. children: trends in prevalence and hospitalizations. *NCHS Data Brief*. 2008 Oct(10):1-8.
2. Liu AH, Jaramillo R, Sicherer SH, Wood RA, Bock SA, Burks AW, Massing M, Cohn RD, Zeldin DC. National prevalence and risk factors for food allergy and relationship to asthma: results from the National Health and Nutrition Examination Survey 2005-2006. *J Allergy Clin Immunol* 2010 Oct;126(4):798-806 e13.
3. Jackson KD, Howle LD, Akinbami LJ. Trends in Allergic Conditions Among Children: United States, 1997-2011. *NCHS Data Brief*. 2013 May(5): 1-8.
4. Sampson H. Food allergy. *J Allergy Clin Immunol* 2003; 111(2):540-547.
5. Sicherer SH, Muñoz-Furlong A, Murphy R, Wood RA, Sampson HA. Symposium: Pediatric Food Allergy. *Pediatrics* 2003; 111(6):1591-1594.
6. U.S. Food and Drug Administration. *Food Allergies: What You Need To Know*. Silver Spring, MD: U.S. Department of Health and Human Services
7. Wood RA, Camargo Jr CA, Lieberman P, Sampson HA, Schwartz LB, Zitt M, Collins C, Tringale M, Wilkinson M, Boyle J, Simons E. Anaphylaxis in America: The Prevalence and Characteristics of Anaphylaxis in the United States. *J Allergy Clin Immunol* 2013.08.016.

This tool-kit is intended as a reference and information source only. The information in this tool-kit is not a substitute for professional care, and must not be used for self-diagnosis or treatment.

BJC HealthCare assumes no liability for the information contained in this reference or for its use.



# EMERGENCY PREPAREDNESS CHECKLIST

- Get child's emergency contact information
- Get child's emergency care plan/Food Allergy Action Plan(FAAP)
- Get medication from parents/guardians
- Have stock supply of epinephrine auto-injectors if your state allows  
*Note: There are an increasing number of severe reactions in students with undiagnosed LTFA (see FAME manual for details on undiagnosed LTFA)*
- Contact your local Emergency Medical Services (EMS)
  - Inform that a child has life-threatening food allergy (LTFA)
  - Is epinephrine carried on ambulance
- Education and Training
  - Know signs and symptoms of anaphylaxis
  - Review how to use epinephrine auto-injector
  - Have emergency medication readily available in a secure accessible area. Have a second dose readily available along with permission for non-licensed trained personnel to give. See Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP).
  - Know expiration date
  - Instructions on how to use the Generic Adrenalick®: [epinephrineautoinject.com](http://epinephrineautoinject.com)
  - Generic Adrenalick® Skills Test
  - Instructions on how to use the Auvi-Q™: [auvi-q.com](http://auvi-q.com)
  - Auvi-Q™ Skills Test
  - Instructions on how to use an EpiPen®: [epipen.com](http://epipen.com)
  - EpiPen® Skills Test
- Develop an emergency response plan and team
  - Develop a plan for school, home, and community
  - Emergency Shelter-In-place plan (disaster plan)
  - Have safe foods available for students with life-threatening food allergies
- Do emergency drills
  - Date completed
  - Frequency
  - Completed by

# PARENTS/GUARDIANS CHECKLIST

- Obtain a Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP)
- Obtain and submit all completed health forms prior to your child starting or transferring school
  - Student health history
  - Release of confidential information
  - Medication authorization (epinephrine, antihistamine, etc.)
  - Provide all necessary medication
  - Medical Statement for Special Meals/Accommodations (if school meal substitutions necessary)

*Note: It is very important to have all forms signed and emergency medication returned to the school nurse/designee.*

- Talk to your school nurse/designee and school nutrition about your child's food allergies

- Participate in team planning meeting for your child

Note: it may be necessary to develop:

- Individual Health Plan (IHP)
- 504 Accommodation Plan
- Individualized Education Plan (IEP)

## Prevention

- Inform and educate all who come in contact with your child
- Provide emergency contact information
- Know how to read food labels
- Know the signs and symptoms of an allergic reaction
- Know how to use an epinephrine auto-injector

## If your child receives epinephrine

- Your child should be transported by Emergency Medical Services (EMS) and monitored for at least 4-6 hours after an anaphylactic reaction
- Follow up with his/her healthcare professional within 1-2 weeks after anaphylaxis occurs

## Best Practice

- Inform school nurse/designee of your child's food allergies
- Obtain medical identification (ID) jewelry based on the students developmental stage (check with your physician, food allergy support group, or local children's hospital for resources)
- Work with school staff to ensure safe shelf stable allergen free snacks are available
- Consider attending class trips and/or parties with your child
- Send items that clearly list product ingredients
- Children should go to the doctor at least once per year (Asthma—at least twice per year)



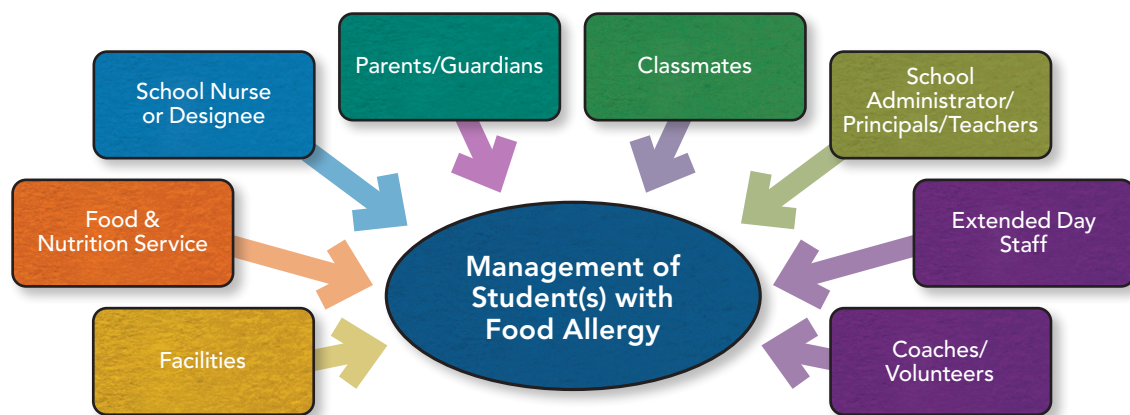
# PARENTS/GUARDIANS — FREQUENTLY ASKED QUESTIONS (FAQS)

## 1. Questions parents/guardians should ask their child's health care professional/allergist when they are planning for their child to enter school:

- Exactly what food(s) is my child allergic to
- Does my child need a referral to a dietician
- What are food allergy basics
- What are possible signs and symptoms of an allergic reaction and how might my child describe it (such as my tongue is hot/ burning, something is poking my tongue, there is hair on my tongue, something stuck in my throat, there's a frog in my throat, it feels like bugs in my ear/ itchy ear)
- Ask for the necessary prescriptions and get them filled
- How to use an epinephrine auto-injector
- What are avoidance strategies
- Get a Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP)
- How to involve their child in an age appropriate way in self management of their life-threatening allergies

## 2. How do I ensure my child's safety at school? All children have the right to learn in an environment that is safe. For some families sending a child with life-threatening allergies to school can be scary.

- **Parents/guardians are encouraged to have open communication** and work to form a partnership between school staff, yourself and your child. This partnership should include the school nurse, school administrators, teaching staff, food & nutrition staff, transportation, coaches, and your child's classmates.



- **Submit the necessary paperwork and medications to assist school staff in creating a safe learning environment for your child such as:**
  - i. Allergy History
  - ii. Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP)
  - iii. Medication Authorization, include the medications in original containers
  - iv. Submit the Medical Statement for Special Meals signed by a licensed physician
- **Ask for advance notice to identify field trips/school events:**
  - i. Site/Location
  - ii. Safety Risks
  - iii. Meals/Snacks
  - iv. An adult trained in epinephrine auto-injector administration
  - v. The epinephrine auto-injector is accessible
  - vi. If an allergic reaction were to occur, what is the emergency procedure?
- **Consider attending class trips and/or parties with your child.**

**3. Who can administer epinephrine in schools?** Administration of epinephrine in schools will vary depending upon state regulations, school nurse practice acts, and individual school districts policies/procedures.

- It is recommended that ALL school staff first receive training in recognition of the signs and symptoms of an allergic response, and in the safe and proper use of epinephrine premeasured auto-injection devices.
- If any trained staff member determines that an allergic reaction is potentially life-threatening, the staff member may administer epinephrine at the direction of the school nurse (or designee) and according to the standing order and/or emergency care plan (ECP)/food allergy action plan (FAAP) for the student.

**4. Can my child possess/self carry medication at school or school sponsored activities?** Possession and self-administration of medication in schools will vary depending upon state regulations and individual school districts policies/procedures.

- Contact your local school district to determine the exact requirements.
- School district can deny your request for your child to self carry/self-administration if the required paperwork is not submitted and/or if the child fails to follow school policies regarding self carry/self-administration.

## References:

- i. [health.mo.gov/living/families/schoolhealth/pdf/mo\\_allergy\\_manual.pdf](http://health.mo.gov/living/families/schoolhealth/pdf/mo_allergy_manual.pdf), *Guidelines for Allergy Prevention and Response—Missouri Department of Health and Senior Services—Frequently Asked Questions (FAQS)*, accessed on June 1, 2012.
- ii. [foodallergy.org/document.doc?id=123](http://foodallergy.org/document.doc?id=123), *Managing Food Allergies in the School Setting—Guidance for Parents, The Food Allergy & Anaphylaxis Network (FAAN)*, accessed on June 13, 2012.
- iii. [kidswithfoodallergies.org/school-preparation](http://kidswithfoodallergies.org/school-preparation), *Allergist ABC's—Make the grade by making time for an allergist this school year, featuring Dr. Pistiner, by Beth Puliti*, accessed on May 9, 2012.

# 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 Adrenaclick®, 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.

# STUDENT HEALTH HISTORY

Student's name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

The following information is needed to provide a safe and healthy environment for your child. If your child has a serious medical condition, it is vital that you discuss this with the nurse, teacher, and/or principal immediately. This information will be confidential and used as needed by the necessary school staff and applicable school volunteers to keep your child safe.

Has your child had any of the following? (check the boxes below for ALL that apply)	Yes ✓	No ✓	Medication required at school or home Yes or No?	If YES, give details/name the medication, dosage, and if used at school (S) and/or home (H)
<b>ADD/ADHD</b>				
<b>Allergies</b> <input type="checkbox"/> Dust, pollen, ragweed, dustmites <input type="checkbox"/> Food allergies <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Insects Triggered by? _____ _____ _____				<b>List ALL environmental, food, insect, medication, and allergies:</b> _____ _____ <b>Type of Response:</b> <input type="checkbox"/> Hives <input type="checkbox"/> Rash <input type="checkbox"/> Itching <input type="checkbox"/> Vomiting <input type="checkbox"/> Swelling <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheezing <input type="checkbox"/> Other? _____ Epinephrine auto-injector at home: <input type="checkbox"/> Y <input type="checkbox"/> N Epinephrine auto-injector at school: <input type="checkbox"/> Y <input type="checkbox"/> N
<b>Anemia/Sickle Cell Anemia</b>				
<b>Anxiety/Panic Attack</b>				
<b>Asthma</b> Is an inhaler used? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____ Triggered by? _____ _____				
<b>Bladder Infections</b>				
<b>Blood Disorders</b>				
<b>Bone-Joint Disease</b>				
<b>Bowel Movement Condition</b>				
<b>Bronchitis/Upper Respiratory</b>				
<b>Cancer</b>				
<b>Cerebral Palsy</b>				
<b>Color Blindness</b>				
<b>Diabetes</b> Blood sugar checked at school? <input type="checkbox"/> Yes <input type="checkbox"/> No Insulin taken? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Depression</b>				
<b>Epilepsy/Seizure</b> Date of last seizure _____				
<b>Fainting Spells</b> (explain) _____ _____				
<b>Headaches/Migraines</b>				

Has your child had any of the following? (check the boxes below for ALL that apply)	Yes ✓	No ✓	Medication required at school or home Yes or No?	If YES, give details/name the medication, dosage, and if used at school (S) and/or home (H)
<b>Hearing Problems/Devices/ Frequent Ear Infections</b>				
<b>Heart Condition</b>				
<b>Kidney Trouble</b>				
<b>Muscle Disorder</b>				
<b>Neurological Concern</b>				
<b>Nose Bleeds</b> (frequent)				
<b>Orthopedic Concerns</b>				
<b>Physical Activity Limitations</b>				
<b>Speech Problems</b>				
<b>Vision Problems</b> Wears: <b>Glasses</b> or <b>Contacts</b>				<b>Eye Dr. name:</b> _____ Phone #: _____ Last eye exam: _____
<b>Dental Problems</b>				<b>Dentist name:</b> _____ Phone #: _____ Last visit: _____

**Healthcare provider** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Last visit** \_\_\_\_\_

**Specialist name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Last visit** \_\_\_\_\_

IF STUDENT(S) REQUIRES MEDICATION PRESCRIBED BY A PHYSICIAN, DENTIST, OR OPTOMETRIST AT SCHOOL, PLEASE OBTAIN THE APPROPRIATE FORMS IN THE OFFICE. ALL MEDICATION MUST BE SUPPLIED TO THE SCHOOL IN THE ORIGINAL PHARMACY OR MANUFACTURER'S LABELED CONTAINER.

**List any operations, injuries, hospitalizations, or other concerns:**

Incident 1: \_\_\_\_\_ Date \_\_\_\_\_

Incident 2: \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

In case of emergency, accident, or serious illness to the student named on this sheet in which medical treatment is required, I (parent/guardian) request the school to contact me. If the school is unable to reach me, my signature below authorizes the school to exercise their own judgment in contacting emergency services through 911. The school may make whatever arrangements are necessary to transport the student to a hospital emergency room at my (parent/guardian) expense. This may involve cost.

**Parent/guardian name** \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

DATE

**Emergency contact** \_\_\_\_\_ **Phone** \_\_\_\_\_



# ALLERGY HISTORY

Please, complete this form and return it to the school nurse. Thank you for helping us keep your child safe and healthy at school.

**Please list what your child is allergic to (include all foods, insects, medications, environmental, and latex):** \_\_\_\_\_

---

---

---

**1. What kind of reaction has your child had to the above listed allergen(s) in the past (note: each reaction can present with different symptoms)?**

- Hives    Rash    Itching    Vomiting    Swelling    Hard to breathe    Wheezing  
 Other? \_\_\_\_\_

**2. When was the last time your child had an allergic reaction?** \_\_\_\_\_

**3. Did you use an epinephrine auto-injector in this reaction?**  Yes    No

**4. Have you ever used an epinephrine auto-injector for your child's allergic reaction?**  Yes    No  
If yes, when? \_\_\_\_\_

**5. Does your child require an epinephrine auto-injector or any additional medication at school to keep them safe with allergies?**  Yes    No  
*(If yes, please complete and return the medication authorization form.)*

**6. When was your child's last doctor visit for the above listed allergy(ies) and what suggestions did he/she give if a reaction occurs?** \_\_\_\_\_

---

---

**7. Did you receive a Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP) from your child's doctor?**  Yes    No

**8. Does your child require special diet restrictions from the school cafeteria?**  Yes    No  
*(If yes, please complete and return the Medical Statement for Special Meals.)*

**Healthcare provider/allergist name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Parent/guardian name** \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

DATE



PLACE  
PICTURE  
HERE

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  Yes (higher risk for a severe reaction)  No

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following allergens:** \_\_\_\_\_

THEREFORE:

- If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.
- If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:  
**SEVERE SYMPTOMS**



### LUNG

Shortness of breath, wheezing, repetitive cough



### HEART

Pale or bluish skin, faintness, weak pulse, dizziness



### THROAT

Tight or hoarse throat, trouble breathing or swallowing



### MOUTH

Significant swelling of the tongue or lips



### SKIN

Many hives over body, widespread redness



### GUT

Repetitive vomiting, severe diarrhea



### OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A COMBINATION** of symptoms from different body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

## MILD SYMPTOMS



### NOSE

Itchy or runny nose, sneezing



### MOUTH

Itchy mouth



### SKIN

A few hives, mild itch



### GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.1 mg IM  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

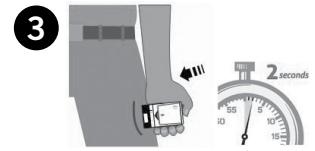
PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE



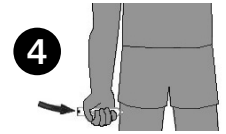
### HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



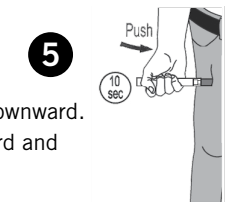
### HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



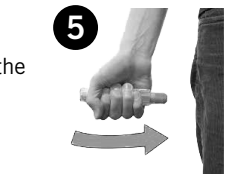
### HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



### HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



### HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



### ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_





**COLOQUE  
UNA  
FOTOGRAFÍA  
AQUÍ**

Nombre: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_








Alérgico a: \_\_\_\_\_

Peso: \_\_\_\_\_ kilos. Asma:  **SÍ (Riesgo más alto de reacción grave)**  **No**

**NOTA: No recurra a antihistamínicos ni inhaladores (broncodilatadores) para tratar una reacción grave. UTILICE EPINEFRINA.**

**Extremadamente reactivo a los siguientes alérgenos:** \_\_\_\_\_  
**POR LO TANTO:**  
 Si esta opción está marcada y es **PROBABLE** que se ha ingerido el alérgeno, administre epinefrina de inmediato ante **CUALQUIERA** de estos síntomas.  
 Si esta opción está marcada y es **SEGURO** que se ha ingerido el alérgeno, administre epinefrina de inmediato aunque no se observe ningún síntoma.



**ANTE CUALQUIERA DE LOS SIGUIENTES: SÍNTOMAS GRAVES**

 <b>PULMÓN</b> Falta de aire, sibilancia, mucha tos	 <b>CORAZÓN</b> Tez azulada o pálida, desmayo, pulso débil, mareo	 <b>GARGANTA</b> Ronquera u oclusión, dificultad para tragar o respirar	 <b>BOCA</b> Hinchazón significativa de la lengua o los labios
 <b>PIEL</b> Urticaria extendida en las distintas partes del cuerpo, enrojecimiento generalizado	 <b>INTESTINOS</b> Vómitos reiterados, diarrea grave	 <b>OTRO</b> Sensación de que va a pasar algo malo, ansiedad, confusión.	<b>O UNA COMBINACIÓN</b> de los síntomas de las distintas áreas

↓ ↓ ↓

- 1. INYECTE EPINEFRINA DE INMEDIATO**
- 2. Llame al 911.** Avise al operador telefónico que el paciente tiene anafilaxia y puede necesitar epinefrina cuando llegue el equipo de emergencia.
  - Considere la administración de otros medicamentos además de la epinefrina:
    - Antihistamínico
    - Inhalador (broncodilatador) en caso de respiración sibilante
  - Mantenga al paciente en posición horizontal, con las piernas en alto y abrigado. Si tiene dificultades para respirar o vómitos, manténgalo sentado o tendido sobre un costado.
  - Si los síntomas no mejoran o vuelven a aparecer, puede administrar otras dosis adicionales de epinefrina a partir de los 5 minutos de la administración de la última dosis.
  - Comuníquese con los contactos de emergencia.
  - Lleve al paciente a la sala de emergencias, aunque los síntomas hayan desaparecido. (El paciente debe permanecer en la guardia médica durante por lo menos 4 horas porque los síntomas pueden reaparecer).

**SÍNTOMAS LEVES**

 <b>NARIZ</b> Picazón o moqueo nasal, estornudos	 <b>BOCA</b> Picazón bucal	 <b>PIEL</b> Algunas ronchas, picazón leve	 <b>INTESTINO</b> Náuseas leves o malestar
--	---	---	---

**EN CASO DE SÍNTOMAS LEVES EN MÁS DE UN ÁREA DEL CUERPO, ADMINISTRE EPINEFRINA.**

**EN CASO DE SÍNTOMAS LEVES EN UN ÁREA ÚNICA SIGA ESTAS INSTRUCCIONES:**

1. Se pueden administrar antihistamínicos, con prescripción médica.
2. Quédese junto a la persona; comuníquese con los contactos de emergencia.
3. Observe atentamente los posibles cambios. Si los síntomas empeoran, administre epinefrina.

**MEDICAMENTOS/DOSIS**

Marca de epinefrina o fármaco genérico: \_\_\_\_\_

Dosis de epinefrina:  0,1 mg IM  0,15 mg IM  0,3 mg IM

Marca de antihistamínico o fármaco genérico: \_\_\_\_\_

Dosis de antihistamínico: \_\_\_\_\_

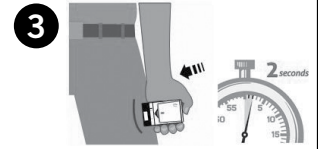
Otros (por ejemplo, broncodilatador en caso de sibilancia): \_\_\_\_\_

FIRMA DE AUTORIZACIÓN DEL PACIENTE O PADRE/TUTOR \_\_\_\_\_ FECHA \_\_\_\_\_ FIRMA DE AUTORIZACIÓN DEL MÉDICO O PROFESIONAL DE SALUD INTERVINIENTE \_\_\_\_\_ FECHA \_\_\_\_\_



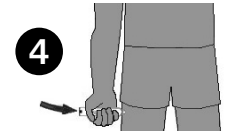
**CÓMO UTILIZAR AUVI-Q® (INYECCIÓN DE EPINEFRINA, USP), KALEO**

1. Retire AUVI-Q del estuche externo. Saque la tapa de seguridad roja.
2. Coloque el extremo negro de AUVI-Q® contra la parte exterior media del muslo.
3. Oprima firmemente hasta escuchar un clic y un silbido, mantenga presionado por 2 segundos.
4. Llame al 911 y pida asistencia médica de emergencia de inmediato.



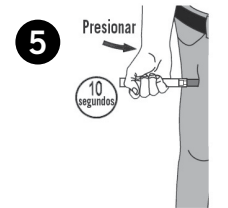
**CÓMO USAR EL AUTOINYECTOR DE EPINEFRINA EPIPEN® Y EPIPEN JR® Y LA INYECCIÓN DE EPINEFRINA (FÁRMACO GENÉRICO AUTORIZADO DE EPIPEN®), USP (AUTOINYECTOR), MYLAN**

1. Retire el autoinyector EpiPen® o EpiPen Jr® del tubo transparente.
2. Sujete el autoinyector firmemente con el puño con la punta naranja (el extremo de la aguja) apuntando hacia abajo. Con la otra mano, retire el protector de seguridad azul tirando firmemente hacia arriba.
3. Gire y oprima con firmeza el autoinyector contra la parte exterior media del muslo hasta que haga clic. Sostenga firmemente en el lugar durante 3 segundos (cuente lentamente 1, 2, 3).
4. Retire el dispositivo y masajee el área durante 10 segundos. Llame al 911 y pida asistencia médica de emergencia de inmediato.



**CÓMO UTILIZAR LA INYECCIÓN DE EPINEFRINA IMPAX (GENÉRICO AUTORIZADO DE ADRENALIN®), USP, AUTOINYECTOR, LABORATORIOS IMPAX**

1. Retire del autoinyector de epinefrina de su estuche protector. Saque las dos tapas de extremo azul. Ahora podrá ver una punta roja.
2. Sujete el autoinyector firmemente con el puño con la punta roja apuntando hacia abajo. Coloque la punta roja contra la parte exterior media del muslo en un ángulo de 90°, en posición perpendicular al muslo.
3. Oprima y sostenga con firmeza durante aproximadamente 10 segundos. Retire el dispositivo y masajee el área durante 10 segundos.
4. Llame al 911 y pida asistencia médica de emergencia de inmediato.



**CÓMO UTILIZAR SYMJEPITM (INYECCIÓN DE EPINEFRINA, USP)**

1. Cuando esté listo para aplicar la inyección, retire la tapa para dejar la aguja expuesta. No coloque el dedo encima del dispositivo.
2. Sostenga la inyección SYMJEPITM solo con los dedos e inserte la aguja en el muslo suavemente. SYMJEPITM puede inyectarse a través de la ropa si es necesario.
3. Después de que la aguja esté en el muslo, empuje el émbolo hacia abajo hasta que haga clic y manténgalo durante 2 segundos.
4. Retire la jeringa y masajee el lugar de la inyección durante 10 segundos. Llame al 911 y pida asistencia médica de emergencia de inmediato.
5. Una vez que se haya administrado la inyección, colocando una mano con los dedos detrás de la aguja, deslice la protección de seguridad por sobre la aguja.



**INFORMACIÓN DE ADMINISTRACIÓN Y SEGURIDAD PARA TODOS LOS AUTOINYECTORES**

1. No coloque el dedo pulgar, los demás dedos o la mano sobre la punta del autoinyector ni aplique la inyección fuera de la parte exterior media del muslo. En caso de inyección accidental, diríjase inmediatamente a la sala de emergencias más cercana.
2. Si administra el medicamento a un niño pequeño, sostenga su pierna firmemente antes y durante la aplicación para evitar posibles lesiones.
3. Si es necesario, la epinefrina se puede aplicar a través de la ropa.
4. Llame al 911 inmediatamente luego de aplicar la inyección.

**INSTRUCCIONES/INFORMACIÓN ADICIONAL** (la persona puede llevar epinefrina, el paciente puede autoadministrarse la medicación, etc.):

Trate a la persona antes de llamar a los contactos de emergencia. Las primeras señales de una reacción pueden ser leves, pero los síntomas pueden agravarse con rapidez.

**CONTACTOS DE EMERGENCIA – LLAME AL 911**

EQUIPO DE RESCATE: \_\_\_\_\_  
MÉDICO: \_\_\_\_\_ TELÉFONO: \_\_\_\_\_  
PADRE O TUTOR: \_\_\_\_\_ TELÉFONO: \_\_\_\_\_

**OTROS CONTACTOS DE EMERGENCIA**

NOMBRE/RELACIÓN: \_\_\_\_\_  
TELÉFONO: \_\_\_\_\_  
NOMBRE/RELACIÓN: \_\_\_\_\_  
TELÉFONO: \_\_\_\_\_

## Anaphylaxis Emergency Action Plan

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Asthma  Yes (*high risk for severe reaction*)  No

Additional health problems besides anaphylaxis: \_\_\_\_\_

Concurrent medications: \_\_\_\_\_

	Symptoms of Anaphylaxis
MOUTH	itching, swelling of lips and/or tongue
THROAT*	itching, tightness/closure, hoarseness
SKIN	itching, hives, redness, swelling
GUT	vomiting, diarrhea, cramps
LUNG*	shortness of breath, cough, wheeze
HEART*	weak pulse, dizziness, passing out

*Only a few symptoms may be present. Severity of symptoms can change quickly.  
\*Some symptoms can be life-threatening. ACT FAST!*

### Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one):  Adrenacllick (0.15 mg)  Adrenacllick (0.3 mg)

Auvi-Q (0.15 mg)  Auvi-Q (0.3 mg)

EpiPen Jr (0.15 mg)  EpiPen (0.3 mg)

Epinephrine Injection, USP Auto-injector- authorized generic

(0.15 mg)  (0.3 mg)

Other (0.15 mg)  Other (0.3 mg)

Specify others: \_\_\_\_\_

**IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.**

2. Call 911 or rescue squad (before calling contact)

3. Emergency contact #1: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact #2: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact #3: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

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

\_\_\_\_\_  
Doctor's Signature/Date/Phone Number

\_\_\_\_\_  
Parent's Signature (for individuals under age 18 yrs)/Date

This information is for general purposes and is not intended to replace the advice of a qualified health professional. For more information, visit  
www.aaaai.org. © 2017 American Academy of Allergy, Asthma & Immunology 4/2017

# Allergy and Anaphylaxis Emergency Plan

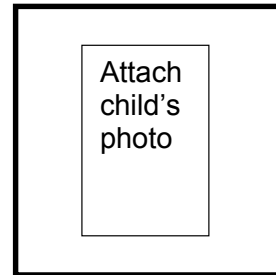


Child's name: \_\_\_\_\_ Date of plan: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Weight: \_\_\_\_\_kg

Child has allergy to \_\_\_\_\_

- 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-threatening, severe allergic reaction. If in doubt, give epinephrine.**

<p><b>For Severe Allergy and Anaphylaxis</b> <b>What to look for</b></p> <p>If child has ANY of these severe symptoms after eating the food or having a sting, <b>give epinephrine.</b></p> <ul style="list-style-type: none"> <li>• Shortness of breath, wheezing, or coughing</li> <li>• Skin color is pale or has a bluish color</li> <li>• Weak pulse</li> <li>• Fainting or dizziness</li> <li>• Tight or hoarse throat</li> <li>• Trouble breathing or swallowing</li> <li>• Swelling of lips or tongue that bother breathing</li> <li>• Vomiting or diarrhea (if severe or combined with other symptoms)</li> <li>• Many hives or redness over body</li> <li>• Feeling of "doom," confusion, altered consciousness, or agitation</li> </ul> <p><input type="checkbox"/> <b>SPECIAL SITUATION:</b> 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, <b>give epinephrine.</b></p>	<p><b>Give epinephrine!</b> <b>What to do</b></p> <ol style="list-style-type: none"> <li>1. Inject epinephrine right away! Note time when epinephrine was given.</li> <li>2. Call 911.             <ul style="list-style-type: none"> <li>• Ask for ambulance with epinephrine.</li> <li>• Tell rescue squad when epinephrine was given.</li> </ul> </li> <li>3. Stay with child and:             <ul style="list-style-type: none"> <li>• Call parents and child's doctor.</li> <li>• Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.</li> <li>• Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.</li> </ul> </li> <li>4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.             <ul style="list-style-type: none"> <li>• Antihistamine</li> <li>• Inhaler/bronchodilator</li> </ul> </li> </ol>
--	--

<p><b>For Mild Allergic Reaction</b> <b>What to look for</b></p> <p>If child has had any mild symptoms, <b>monitor child.</b> Symptoms may include:</p> <ul style="list-style-type: none"> <li>• Itchy nose, sneezing, itchy mouth</li> <li>• A few hives</li> <li>• Mild stomach nausea or discomfort</li> </ul>	<p><b>Monitor child</b> <b>What to do</b></p> <p>Stay with child and:</p> <ul style="list-style-type: none"> <li>• Watch child closely.</li> <li>• Give antihistamine (if prescribed).</li> <li>• Call parents and child's doctor.</li> <li>• If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")</li> </ul>
---	--

## Medicines/Doses

Epinephrine, intramuscular (list type): \_\_\_\_\_ Dose:  0.15 mg  0.30 mg (weight more than 25 kg)

Antihistamine, by mouth (type and dose): \_\_\_\_\_

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

Parent/Guardian Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_ Physician/HCP Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

# 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: (\_\_\_) \_\_\_-\_\_\_\_\_

© 2017 American Academy of Pediatrics. All rights reserved. Your child's doctor will tell you to do what's best for your child. This information should not take the place of talking with your child's doctor. Page 2 of 2.



# 504 PLAN

This federal civil rights law, commonly referred to as Section 504, helps ensure that individuals with handicaps/disabilities are not excluded from participating in any program or activity that receives federal financial assistance. Students who are covered by this law are eligible to receive what is known as a 504 Plan.

A 504 Plan is a written management plan developed on a case by case basis. Individual accommodation(s) will vary based upon each student's individual needs, and may require input from their healthcare provider. Examples of 504 accommodations may include, but not be limited to, special seating arrangements, curriculum adjustments, field trips, special school events and staff training. Parents/guardians are within their rights to request an evaluation for eligibility and to pursue such a plan. All schools subject to this law should have a 504 Coordinator on staff who can help parents/guardians throughout the 504 process.

Accommodations should be reasonable and supported by using evidence based practice standards such as the CDC Voluntary Guidelines. The following 504 outline provides an overview of steps to take to create a 504 Plan.

**Please review the following step by step instructions on how to use the 504 Plan flow chart that starts on the next page:**

**Step 1:** Identify your role in creating the 504 Plan.

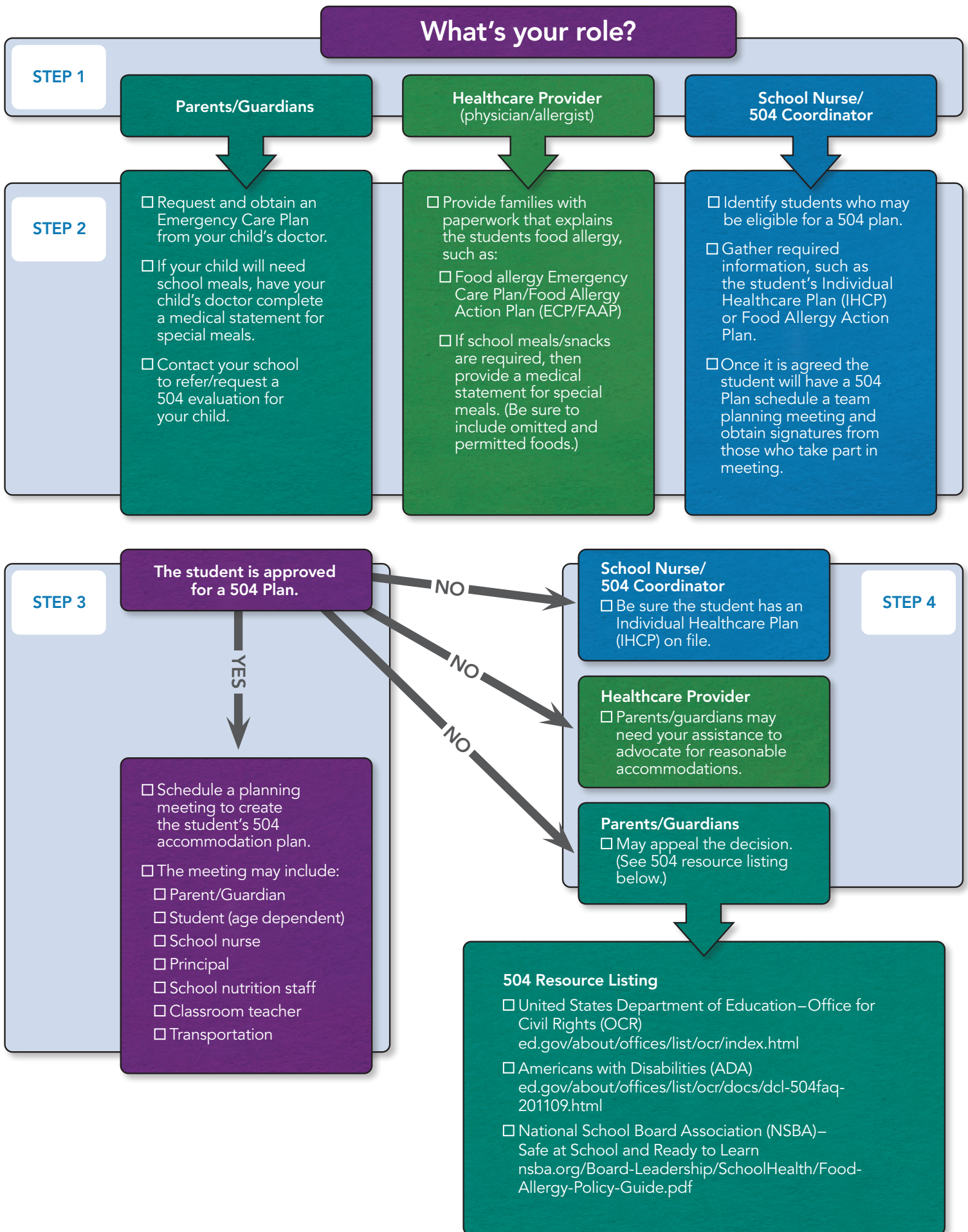
**Step 2:** Review and complete the tasks listed under your specific role.

**Step 3:** Once the student is approved for a 504 Plan, then review details on the flow chart which follows this page:

- a. Scheduling a 504 planning meeting
- b. Sample accommodation listing (*note: The accommodation listing features check boxes for building a 504 plan to meet the student's individual needs.*)

**Step 4:** If the school does not approve a 504 Plan, there is information on who to contact and resources to assist.

# What's your role?



# Accommodations

(sample recommendations adapted from CDC Voluntary Guidelines)

Some states and school districts have a 504 template; contact your schools 504 coordinator and/or school administrator for details.

## General Accommodations

- All staff will follow the schools food allergy policies.
- School nurse will educate and train all staff members who have contact with the student in recognizing the symptoms of an allergic reaction, emergency procedures and the use of epinephrine auto-injectors.
- Student's epinephrine auto-injectors will be kept in secure (unlocked), accessible area.
- Make sure events and field trips are consistent with food allergy policies.
- Have access to epinephrine auto-injectors and train relevant staff to use them.
- Have children, school staff, and volunteers to wash hands before and after handling or eating food.
- Have a system in place to identify all students with food allergies.

### Emergency Accommodations

- Student will self carry two epinephrine auto-injectors at all times (age dependent.)
- Student will have access to safe foods in case of an Emergency Shelter-in-Place.

### Transportation Accommodations

- Train transportation staff how to respond to food allergy emergencies.
- Do not allow food to be eaten on buses except by children with special needs such as diabetes.

### Classroom Accommodations

- Avoid the use of identified allergens in class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, rewards or for other purposes.
- Inform and educate substitute of child's food allergy.
- Support parents/guardians who wish to provide safe snack items for their child.
- Use non-food incentives for prizes, gifts, awards.

### Celebrations

- Consider celebrations with non-food items (school supplies, toys/trinkets, crafts, t-shirts, prize system).
- If food is allowed, check for allergens and make sure all items are clearly labeled.
- Wash all desks, tables, chairs, with soap and water/district approved cleaning products after celebrations with food.

Accommodations  
(cont. on next page)



## Accommodations (cont. from previous page)

### School Activities, Field Trips, Accommodations

- Do not exclude children with food allergies from field trips, events or extracurricular activities.
- Package meals and snacks appropriately to prevent cross-contact.
- Invite parents/guardians of children with food allergies to chaperone (but do not require.)

### Social/Emotional Accommodations

- Provide age appropriate education to all children on the seriousness of food allergies.
- If teasing, harassment, or bullying occurs, immediate disciplinary actions will take place based on the school's anti-bullying policy.

### Cafeteria Accommodations

- Consider allergy-friendly (allergen-free) tables.
- Have a system in place to identify all students with food allergies.

### If school prepared meals required

- Make necessary changes to school meals.
- Obtain approval from licensed physician or as stated in the ECP.
- Designate an allergen-safe food preparation area.
- Provide menu copies to parents/guardians in advance to plan meals.
- Provide food labels, recipes or ingredient lists used to prepare meals and snacks.
- Keep food labels for at least 24 hours after servicing the food in case the child has a reaction.
- Read all food labels with each purchase for potential food allergens.
- Wash all tables and chairs with soap and water district approved cleaning products after each meal services.

### Physical Education & Recess

- Access to epinephrine auto-injectors.

- **Review 504 Plan annually and as needed.**
- **Designate responsible party to follow through with accommodations (see sample on next page.)**
- **Have all participants sign the final 504 Plan.**

# MEDICAL INFORMATION RELEASE

**Student** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

I, \_\_\_\_\_ the (parent/guardian) of the student named above,  
authorize \_\_\_\_\_ (name of the school/organization)

to release the necessary confidential health information to the appropriate school representatives including nurse, principal, teacher(s), food service staff, emergency personnel, and applicable volunteers who have a need to know my child's health information to provide safety at school.

**Information to be released includes the following (check if applicable):**

- |   |   |
|---|---|
| <input type="checkbox"/> Health record                  | <input type="checkbox"/> Psychological/psychiatric evaluation |
| <input type="checkbox"/> IHP or ECP/FAAP or 504/IEP     | <input type="checkbox"/> Parent/guardian contact information  |
| <input type="checkbox"/> LTFA and asthma history        | <input type="checkbox"/> Other: _____                         |
| <input type="checkbox"/> Social worker/counselor report | _____   |

I understand that signing this form is voluntary, and it will be used only for the specific information authorized for release regarding my child to specified party, as designated above.

\_\_\_\_\_  
STUDENT SIGNATURE DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

\_\_\_\_\_  
WITNESS SIGNATURE DATE



# AUTHORIZATION OF MEDICATION AT SCHOOL

**Student** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_

## PARENT/GUARDIAN PLEASE READ and COMPLETE THIS PORTION

- I request the listed medication be given as ordered by the licensed healthcare professional.
- I give health services staff permission to communicate with the medical office about this medication. I understand certain medication may be administered by non-licensed staff members who have been trained and are supervised by a registered nurse.
- I understand medication information may be shared with all school staff working with my child and emergency staff, if necessary.
- All medication must be brought to the school in its original container with instructions as noted below by the licensed healthcare professional.
- I request and authorize my child to carry and/or self-administer their medication.  Yes  No

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Work or cell phone** \_\_\_\_\_

## THIS SECTION TO BE COMPLETED ONLY BY A LICENSED HEALTHCARE PROFESSIONAL (please print clearly)

Medication Name	Diagnosis/Reason for Medication	Dosage	Administration Method	Time(s) to be Taken

- I request and authorize this student to carry their medication:  Yes  No
- I request and authorize this student to self-administer their medication:  Yes  No
- List possible medication side effects: \_\_\_\_\_

I request and authorize the above-named student be administered the above identified medication in accordance with the indicated instructions from \_\_\_\_\_ to \_\_\_\_\_ (not to exceed the current school year).

**Name of licensed healthcare professional** (please print) \_\_\_\_\_

**Contact number** \_\_\_\_\_

SIGNATURE OF LICENSED HEALTHCARE PROFESSIONAL \_\_\_\_\_

DATE \_\_\_\_\_

# AUTHORIZATION FOR STUDENTS TO SELF-CARRY

Please fill out and complete all four sections.

Student's name \_\_\_\_\_ School year \_\_\_\_\_

## To be Completed by Prescribing Health Professional

It is my professional opinion that \_\_\_\_\_

is capable of carrying and self-administering the following medication:

Medication name \_\_\_\_\_

Dosage \_\_\_\_\_

Frequency \_\_\_\_\_

I recommend self-administration of this medication for the treatment of:

\_\_\_\_\_

Special Instructions or Comments \_\_\_\_\_

HEALTHCARE PROVIDER SIGNATURE

DATE

PRINT NAME

PHONE

## To Be Completed by Parent/Guardian

I, request and authorize my child \_\_\_\_\_ to carry

and/or self-administer their \_\_\_\_\_ medication.

This authorization is given based on the following:

- I hereby give permission for my child to self-administer prescribed medication at school.
- I authorize release of information related to my child's health/medications between the school nurse and the prescribing healthcare provider.
- I understand that my child shall be permitted to carry their medication at all times providing they do not misuse the medication.
- I understand that if my child misuses the medication, school employees will take the medication and terminate this agreement.
- I understand that this authorization shall be effective for this current school year and must be renewed annually.

PARENT/GUARDIAN SIGNATURE

DATE

PRINT NAME

PHONE

Continued on the back side

## To Be Completed by Licensed School Nurse

- The student can demonstrate correct use/administration.
- The student can recognize correct dosage.
- The student recognizes prescribed timing for medication.
- The student agrees to not share the medication with others.
- The student will keep a second labeled container in the health office.

The student (is/is not) able to demonstrate the specified responsibilities. The student (may/may not) carry the prescribed medication.

---

LICENSED SCHOOL NURSE NAME (PLEASE PRINT)

---

SIGNATURE

---

DATE

## To Be Completed by the Student

I, \_\_\_\_\_ agree to the responsibilities of carrying medication. I have been trained in the proper use of my prescribed medication and understand how it is given. I will keep this medication with me at all times and take my responsibility to self-carry seriously. I also understand that if I misuse my medication, this agreement will end. If I take my medication I will contact the school nurse.

---

STUDENT NAME (PLEASE PRINT)

---

STUDENT SIGNATURE

---

DATE

# MEDICAL STATEMENT FOR SPECIAL MEALS AND/OR ACCOMMODATIONS

The following forms are sample medical statements for food substitutions or modifying meals.

*Note: Families may also obtain a detailed letter from the student's physician identifying all of the items below in a – e.*

## **United States Department of Agriculture (USDA) Regulations:**

For schools participating in a federally-funded school nutrition program, USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for students whose disabilities restrict their diets. A student with a disability or medical condition must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. A physician is a person licensed by the State to practice medicine. The term includes physicians or doctors of osteopathic medicine. These fully trained physicians are licensed by the State to prescribe medication or to perform surgery. The physician's statement must identify:

- a. The student's disability or medical condition
- b. An explanation of why the disability restricts the student's diet
- c. The major life-activity affected by the disability
- d. List the food or foods to be omitted from the student's diet
- e. List the food or choice of foods that must be substituted

## **Definitions 1**

USDA FNS Instruction 783-2, 7 CFR Part 15b

**Disability:** Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

**"Physical or mental impairment:"** means (1) any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic skin and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; metabolic diseases such as diabetes and phenylketonuria (PKU); food anaphylaxis; mental retardation; emotional illness; and drug addiction and alcoholism.

**Major life activities:** are defined as caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

USDA regulations have not been amended to reflect the ADA Amendments Act. Regulation will be updated by Department of Agriculture ( 196 section 131).

<sup>1</sup> USDA Accommodating Children with Special Dietary Needs in the School Nutrition Programs, [fns.usda.gov/cnd/guidance/special\\_dietary\\_needs.pdf](https://fns.usda.gov/cnd/guidance/special_dietary_needs.pdf)

# MEDICAL STATEMENT FOR STUDENTS REQUIRING SPECIAL MEALS AND/OR ACCOMMODATIONS

Please note: This statement must be updated when there is a change or discontinuance of a diet order.

Student's name \_\_\_\_\_ Birth date \_\_\_\_\_ Gender  M  F

School attended \_\_\_\_\_ Grade \_\_\_\_\_

Parent/guardian name \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

I hereby give permission for the school staff to follow the stated nutrition plan below. I give my permission for School Nutrition services to contact the doctor named below with any questions related to my child's nutrition requirements and share such information with appropriate school staff.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## \*\*\*\*FOR PROVIDERS' USE ONLY\*\*\*\* (TO BE COMPLETED BY A LICENSED HEALTHCARE PROVIDER)

Indicate student's disability or medical condition (including allergies) requiring the student to need a special diet.

Check major life activities affected by the student's disability or medical condition.

- Caring for self    Eating    Performing manual tasks    Walking    Seeing    Hearing  
 Speaking    Breathing    Learning    Working    Other \_\_\_\_\_  
 Major bodily function (i.e. immune system, neurological, respiratory, circulatory, endocrine, & reproductive functions)

Diet prescription (check all that apply)

- Food allergy (please specify all) \_\_\_\_\_  
 Diabetic (attach meal plan)    Calorie level (attach meal plan)  
 Other (describe) \_\_\_\_\_

OMITTED FOODS/BEVERAGES

ALLOWED SUBSTITUTIONS

OMITTED FOODS/BEVERAGES	ALLOWED SUBSTITUTIONS

\*\* If milk allergy listed above in the omitted box, please specify fluid milk substitution: \_\_\_\_\_

\*\*\* If lactose intolerance, please specify one of the following:

- No fluid milk only (may have cheese, yogurt, pudding, ice cream, etc.)  
 No milk products (no fluid milk, yogurt, cheese, pudding, ice cream, etc.)  
 No milk products and no products prepared with milk (i.e., no breads, desserts, or other products prepared with milk)

Healthcare provider's name (please print) \_\_\_\_\_ Office phone \_\_\_\_\_

\_\_\_\_\_  
HEALTHCARE PROVIDER'S SIGNATURE

\_\_\_\_\_  
DATE



# MEDICAL STATEMENT FOR STUDENTS REQUIRING SPECIAL MEALS

**Student's name** \_\_\_\_\_ **Birth date** \_\_\_\_\_

**School attended** \_\_\_\_\_ **School district** \_\_\_\_\_

**Parent/guardian name** \_\_\_\_\_ **Phone number** \_\_\_\_\_

1. Identify the disability, or medical condition (diagnosis) that requires a special diet/meal or accommodation?

---

---

2. How does the disability restrict the diet?

---

3. What major life activity is affected?

---

4. Diet Prescription:

---

---

5. List food/type of food to be omitted. A specific list/menu may also be included, for the safety of the child:

---

---

6. List food/type of food to be substituted. A specific list/menu may also be included, for the safety of the child:

---

---

7. Additional Comments/Concerns:

---

8. The above named student needs special school meals as described above, due to student's disability or chronic medical condition.

\_\_\_\_\_  
HEALTHCARE PROVIDER'S NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HEALTHCARE PROVIDER'S SIGNATURE

\_\_\_\_\_  
PHONE NUMBER

# Food Allergy Basics

## 9 Most Common Food Allergens

- Milk
- Eggs
- Peanuts
- Tree Nuts
- Soy
- Wheat
- Fish
- Shellfish
- Sesame

Note: Any food can cause a reaction

## Know the Difference

### Food Intolerance

when the body has difficulty digesting a certain food—the immune system is not affected

### Food Allergy

an immune system response to a certain food

### Anaphylaxis

a sudden, severe allergic reaction that can cause difficulty breathing, tongue and throat swelling—even DEATH

## What Does an Allergic Reaction Look Like?

- Hives
- Puffy face, lips, or tongue
- Itchy red skin
- Hard to breathe
- Tight throat
- Hard to swallow
- Tummy ache
- Diarrhea
- Vomiting (Throwing-up)
- Weakness (drop in blood pressure)

In case of an Allergic Reaction  
**Give Epinephrine then Call 911**

# Celebrate & Reward Children without Food

## Recognition/Privileges

- Recognize over school intercom system
- Ribbon or certificate of recognition
- Photo recognition board
- Assigned as the special helper for the day
  - Line leader
  - Run errands around the school
  - Teach the class or a younger classroom
  - Read the morning announcements
- No “homework” pass
- Extra technology time
- Extra recess or favorite special class (PE, art, music)
- Eat lunch with a special friend and/or teacher
- Make a t-shirt and wear for the day
- Make a crown and be a prince or princess for the day
- Plant a seed/flower to grow a plant

**Note:** Creates a safe school environment.

## Rewards

- Books (reading/coloring/sticker)
- Cups/water bottles
- Goodie bags with trinkets/gadgets (stickers, puzzles, toy cars, stuffed animals, finger puppets, action figures, key chains, flashlights)
- School supplies (pencils, pens, erasers, notepads, crayons/markers, rulers, pencil sharpeners)
- Physical activity gear (jump ropes, yo-yo’s, frisbees, nerf balls)
- Develop a point/ticket or token system that allows students to accumulate a certain number in exchange for larger rewards such as: gift certificate to the school store, local book store/movie theatre

**Note:** Use **latex free** rewards.

**Note:** If food is absolutely necessary to celebrate, please follow your school guidelines regarding the process and read food labels carefully. It is **highly** recommended to choose items of high nutritional value and that are safe for **all** students in the classroom to consume. Remember, children with food allergies enjoy celebrations just like any other child.

Adapted from the Healthy Schools Campaign and the Center for Science in the Public Interest



# Cross-Contact

## Potential Sources

- Unclean hands or gloves
- Cooking oils
- Splashed or spilled food
- Fryers or grills
- Tables/chairs & desks
- Counter surface or food prep areas
- All utensils, dishes, pots/pans and cutting boards
- Meat/cheese slicers
- Soiled linens/cleaning cloths & sponges

## Ways to AVOID/PREVENT

- Know what foods the child can or cannot have
- Read ALL food labels, everytime—every line
- Use clean utensils, dishes, pot/pans—must be washed thoroughly in hot soapy water and sanitized
- Practice good hand washing and use clean gloves
- NO food sharing or trading
- Clean tables, counter surfaces and food prep areas
- Have an emergency plan

IT IS IMPORTANT to always read food labels due to hidden food allergens.

### Hidden Allergens

- **Eggs:** egg substitutes, mayonnaise, baked goods, noodles
- **Fish/Shellfish:** seafood flavoring, worcestershire sauce
- **Milk:** cheese, bread/buns, soup, hot dogs, canned tuna, deli meat
- **Wheat:** flours, soup/gravy mixes, snacks
- **Soy:** baked goods, breads/buns, candy
- **Peanut/Tree Nuts:** candy, chocolate, ice cream, baked goods, salads, salad dressings, barbecue sauce, cereal/granola bars
- **Sesame:** hummus, baked goods, protein and energy bars, dressings, bread crumbs

In case of an Allergic Reaction  
**Give Epinephrine then Call 911**

# HOW TO READ A FOOD LABEL

Avoid food and non-food items that have advisory statements on labeling such as “may contain...” or “made/manufactured on equipment” or “in a facility that processes...”

## How to Read a Label for a Milk-Free Diet

All FDA-regulated manufactured food products that contain milk as an ingredient are required by U.S. law to list the word “milk” on the product label.

### Avoid foods that contain milk or any of these ingredients:

- butter, butter fat, butter oil, but-ter acid, butter ester(s)
- buttermilk
- casein
- casein hydrolysate
- caseinates (*in all forms*)
- cheese
- cottage cheese
- cream
- curds
- custard
- diacetyl
- ghee
- half-and-half
- lactalbumin, lactalbumin phosphate
- lactoferrin
- lactose
- lactulose
- milk (*in all forms, including condensed, derivative, dry, evaporated, goat’s milk and milk from other animals, low fat, malted, milkfat, nonfat, powder, protein, skimmed, solids, whole*)
- milk protein hydrolysate
- pudding
- Recaldent®
- rennet casein
- sour cream, sour cream solids
- sour milk solids
- tagatose
- whey (*in all forms*)
- whey protein hydrolysate
- yogurt

### Milk is sometimes found in the following:

- artificial butter flavor
- baked goods
- caramel candies
- chocolate
- lactic acid starter culture and other bacterial cultures
- luncheon meat, hot dogs, sausages
- margarine
- nisin
- nondairy products
- nougat

### Keep the following in mind:

- Individuals who are allergic to cow’s milk are often advised to also avoid milk from other domestic animals. For example, goat’s milk protein is similar to cow’s milk protein and may, therefore, cause a reaction in individuals who have a milk allergy.

## How to Read a Label for an Egg-Free Diet

All FDA-regulated manufactured food products that contain egg as an ingredient are required by U.S. law to list the word “egg” on the product label.

### Avoid foods that contain eggs or any of these ingredients:

- albumin (*also spelled albumen*)
- egg (*dried, powdered, solids, white, yolk*)
- eggnog
- lysozyme
- mayonnaise
- meringue (*meringue powder*)
- ovalbumin
- surimi
- vitellin
- Words starting with “ovo” or “ova” (such as ovalbumin)

### Egg is sometimes found in the following:

- baked goods
- breaded foods
- drink foam (alcoholic, specialty coffee)
- candies
- canned soups
- casseroles
- cream fillings/custards
- lecithin
- macaroni
- marzipan
- marshmallows
- nougat
- pasta
- meatballs/meatloaf
- salad dressings

### Keep the following in mind:

- Individuals with egg allergy should also avoid eggs from duck, turkey, goose, quail, etc., as these are known to be cross-reactive with chicken egg.
- While the whites of an egg contain the allergenic proteins, patients with an egg allergy must avoid all eggs completely.

## How to Read a Label for a Soy-Free Diet

All FDA-regulated manufactured food products that contain soy as an ingredient are required by U.S. law to list the word “soy” on the product label.

### Avoid foods that contain soy or any of these ingredients:

- edamame
- miso
- natto
- shoyu
- soy (*soy albumin, soy cheese, soy fiber, soy flour, soy grits, soy ice cream, soy milk, soy nuts, soy sprouts, soy yogurt*)
- soya
- soybean (*curd, granules*)
- soy protein (*concentrate, hydro-lyzed, isolate*)
- shoyu
- soy sauce
- tamari
- tempeh
- textured vegetable protein (TVP)
- tofu

### Soy is sometimes found in the following:

- Asian cuisine
- vegetable broth
- vegetable gum
- vegetable starch

### Keep the following in mind:

- The FDA exempts highly refined soybean oil from being labeled as an allergen. Studies show most allergic individuals can safely eat soy oil that has been highly refined (**not** cold pressed, expeller pressed, or extruded soybean oil).
- Soy protein may be found in numerous products, such as breads, cookies, crackers, canned broth and soups, canned tuna and meat, breakfast cereals, high-protein energy bars and snacks, low-fat peanut butters, and processed meats.
- Most individuals allergic to soy can safely eat soy lecithin.
- Follow your doctor’s advice regarding these ingredients.



## How to Read a Label for a Peanut-Free Diet

All FDA-regulated manufactured food products that contain peanut as an ingredient are required by U.S. law to list the word "peanut" on the product label.

### Avoid foods that contain peanuts or any of these ingredients:

- artificial nuts
- beer nuts
- cold pressed, expeller pressed, or extruded peanut oil
- goobers
- ground nuts
- mixed nuts
- monkey nuts
- nut meat
- nut pieces
- peanut butter
- peanut flour
- peanut protein hydrolysate

### Peanut is sometimes found in the following:

- African, Asian (*especially Chinese, Indian, Indonesian, Thai, and Vietnamese*), and Mexican dishes
- baked goods (*i.e., pastries, cookies*)
- candy (*including chocolate candy*)
- chili
- egg rolls
- enchilada sauce
- marzipan
- mole sauce
- nougat

### Keep the following in mind:

- The FDA exempts highly refined peanut oil from being labeled as an allergen. Studies show that most allergic individuals can safely eat peanut oil that has been highly refined (not cold pressed, expeller pressed, or extruded peanut oil). Follow your doctor's advice.
- A study showed that unlike other legumes, there is a strong possibility of cross-reaction between peanuts and lupine (or lupin). Flour derived from lupine is becoming a common substitute for gluten-containing flours. The law requires that a food product's ingredients must be listed on the label such as "lupin" or "lupine."
- Mandelonas are peanuts soaked in almond flavoring.
- Arachis oil is peanut oil.
- Many experts advise patients allergic to peanuts to avoid tree nuts as well.
- Sunflower seeds are often produced on equipment shared with peanuts.
- Some alternative nut butters, such as soy nut butter or sunflower seed butter, are produced on equipment shared with other tree nuts and, in some cases, peanuts. Contact the manufacturer before eating these products.

## How to Read a Label for a Wheat-Free Diet

All FDA-regulated manufactured food products that contain wheat as an ingredient are required by U.S. law to list the word "wheat" on the product label. The law defines any species in the genus *Triticum* as wheat.

### Avoid foods that contain wheat or any of these ingredients:

- bread crumbs
- bulgur
- cereal extract
- club wheat
- couscous
- cracker meal
- durum
- einkorn
- emmer
- farina
- farro
- flour (*all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat*)
- freekah
- hydrolyzed wheat protein
- Kamut
- matzoh, matzoh meal (*also spelled as matzo, matzah, or matza*)
- pasta
- seitan
- semolina
- spelt
- sprouted wheat
- triticale
- vital wheat gluten
- wheat (*bran, durum, germ, gluten, grass, malt, sprouts, starch*)
- wheat bran hydrolysate
- wheat germ oil
- wheat grass
- wheat protein isolate
- whole wheat berries

### Wheat is sometimes found in the following:

- glucose syrup
- oats
- soy sauce
- starch (*gelatinized starch, modified starch, modified food starch, vegetable starch*)
- surimi

## How to Read a Label for a Shellfish-Free Diet

All FDA-regulated manufactured food products that contain a crustacean shellfish as an ingredient are required by U.S. law to list the specific crustacean shellfish on the product label.

### Avoid foods that contain shellfish or any of these ingredients:

- barnacle
- crab
- crawfish (*crawdad, crayfish, ecrevisse*)
- krill
- lobster (*langouste, langoustine, Moreton bay bugs, scampi, tomalley*)
- prawns
- shrimp (*crevette, scampi*)

Mollusks are not considered major allergens under food labeling laws and may not be fully disclosed on a product label.

### Your doctor may advise you to avoid mollusks or these ingredients:

- abalone
- clams (*cherrystone, geoduck, littleneck, pismo, quahog*)
- cockle
- cuttlefish
- limpet (*lapas, opihi*)
- mussels
- octopus
- oysters
- periwinkle
- scallops
- sea cucumber sea urchin
- snails (*escargot*)
- squid (*calamari*)
- whelk (*Turban shell*)

### Shellfish are sometimes found in the following:

- bouillabaisse
- cuttlefish ink
- fish stock
- glucosamine
- seafood flavoring (*i.e., crab or clam extract*)
- surimi

### Keep the following in mind:

- Any food served in a seafood restaurant may contain shellfish protein due to cross-contact.
- For some individuals, a reaction may occur from inhaling cooking vapors or from handling fish or shellfish.

## How to Read a Label for a Tree Nut-Free Diet

All FDA-regulated manufactured food products that contain a tree nut as an ingredient are required by U.S. law to list the specific tree nut on the product label.

### Avoid foods that contain nuts or any of these ingredients:

- almond
- artificial nuts
- beechnut
- Brazil nut
- Butternut
- cashew
- chestnut
- chinquapin
- coconut
- filbert/hazelnut
- gianduja (a chocolate-nut mixture)
- ginkgo nut
- hickory nut
- litchi/lychee/lychee nut
- macadamia nut
- marzipan/almond paste
- Nangai nut
- natural nut extract (i.e., almond, walnut)
- nut butters (i.e., cashew butter)
- nut meal
- nut meat
- nut paste (i.e., almond paste)
- nut pieces
- pecan
- pesto
- pili nut
- pine nut (also referred to as Indian, pignoli, piñolia, pignon, piñon, and pinyon nut)
- pistachio
- praline
- shea nut
- walnut

### Tree nuts are sometimes found in the following:

- black walnut hull extract (flavoring)
- natural nut extract
- nut distillates/alcoholic extracts
- nut oils (i.e., walnut oil, almond oil)
- walnut hull extract (flavoring)

### Keep the following in mind:

- Mortadella may contain pistachios.
- Tree nut proteins may be found in cereals, crackers, cookies, candy, chocolates, energy bars, flavored coffee, frozen desserts, marinades, and barbecue sauces.
- Ethnic restaurants (i.e., Chinese, African, Indian, Thai, and Vietnamese), ice cream parlors, and bakeries are considered high-risk for people with tree nut allergy due to the common use of nuts and the possibility of cross-contact, even if you order a tree-nut-free item.
- Tree nut oils are sometimes used in lotions and soaps. lotions.
- There is no evidence that coconut oil and shea nut oil/butter are allergenic.
- Many experts advise patients allergic to tree nuts to avoid peanuts as well.
- Talk to your doctor if you find other nuts not listed
- Coconut, the seed of a drupaceous fruit, has typically not been restricted in the diets of people with tree nut allergy. However, in October of 2006, the FDA began identifying coconut as a tree nut. Medical literature documents a small number of allergic reactions to coconut; most occurred in people who were not allergic to other tree nuts. Ask your doctor if you need to avoid coconut.

## How to Read a Label for a Fish-Free Diet

All FDA-regulated manufactured food products that contain fish as an ingredient are required by U.S. law to list the specific type of fish on the product label.

- More than half of all people who are allergic to one type of fish also are allergic to other fish, so allergists often advise their patients to avoid all fish.
- Finned fish and shellfish do not come from related families of foods, so being allergic to one does not mean that you will not be able to tolerate the other. Be sure to talk to your doctor about which kinds of fish you can eat and which to avoid.

### The term "fish" encompasses all species of finned fish, including (but not limited to):

- anchovies
- bass
- catfish
- cod
- flounder
- grouper
- haddock
- hake
- herring
- mahi mahi
- perch
- pike
- pollock
- salmon
- scrod
- sole
- snapper
- swordfish
- tilapia
- trout
- tuna
- fish fume
- Fish gelatin (kosher gelatin, marine gelatin)
- fish oil
- fish sauce
- imitation fish or shellfish
- isinglass
- lutefisk
- maw, maws (fish maw)
- fish stock
- fishmeal
- nuoc mam (Vietnamese name for fish sauce; beware of other ethnic names)
- pizza (anchovy topping)
- roe
- salad dressing
- seafood flavoring
- shark cartilage, fin
- sushi, sashimi
- surimi (artificial crabmeat also known as "sea legs" or "sea sticks")
- worcestershire sauce

### Keep in mind the following:

- Some sensitive individuals may react to aerosolized fish protein through cooking vapors.
- Seafood restaurants are considered high-risk due to the possibility of cross-contact, even if you do not order fish.
- Ethnic restaurants (i.e., Chinese, African, Indonesian, Thai, and Vietnamese) are considered high-risk because of the common use of fish and fish ingredients and the possibility of cross-contact, even if you do not order fish.

## How to Read a Label for a Sesame-Free Diet

Sesame is not currently included in the list of major allergens that must be declared by food manufacturers as part of the Food Allergen Labeling Consumer Protection Act (FALCPA). The list below includes information about ingredients to avoid if you have a sesame allergy, including uncommon names for the ingredient.

### Avoid foods that contain sesame or any of these ingredients:

- Benne, benne seed, benniseed
- Gingelly, gingelly oil
- Gomasio (sesame salt)
- Halvah
- Sesame flour
- Sesame oil\*
- Sesame paste
- Sesame salt
- Sesame seed
- Sesamol
- Sesamum indicum
- Sesemolina
- Sim sim
- Tahini, Tahina, Tehina
- Til

\* Studies show that most individuals with specific food protein allergies can safely consume highly refined oils derived from the original food source (examples include highly refined peanut and soybean oil). Because sesame oil is not refined, it is recommended that it be avoided by individuals with sesame allergy.

Sesame may also be included and undeclared in ingredients such as flavors or spice blends. If you are unsure whether or not a product could contain sesame, you should call the manufacturer to ask about their ingredients and manufacturing practices. Because spice blend and flavoring recipes are generally considered proprietary information, it is advised to specifically inquire if sesame is used as an ingredient, rather than simply asking what ingredients are used in a flavoring or spice blend.

Sesame has been found as an ingredient in the food items listed below. Please note this list is not all inclusive. It does not imply that sesame is always present in these foods. It is intended to serve as a reminder to always be vigilant and ask questions about ingredients before eating a food that you have not prepared yourself.

### Examples of foods that may contain sesame include:

- Asian cuisine (sesame oil is commonly used in cooking)
- Baked goods (such as bagels, bread, breadsticks, hamburger buns and rolls)
- Bread crumbs
- Cereals (such as granola and muesli)
- Chips (such as bagel chips, pita chips and tortilla chips)
- Crackers (such as melba toast and sesame snap bars)
- Dipping sauces (such as baba ghanoush, hummus and tahini sauce)
- Dressings, gravies, marinades and sauces
- Ethnic foods such as flavored rice, noodles, risotto, shish kebabs, stews and stir fry
- Falafel
- Goma-dofu (Japanese dessert)
- Herbs and herbal drinks
- Margarine
- Pasteli (Greek dessert)
- Processed meats and sausages
- Protein and energy bars
- Snack foods (such as pretzels, candy, Halvah, Japanese snack mix and rice cakes)
- Soups
- Sushi
- Tempeh
- Turkish cake
- Vegetarian burgers

### Sesame may also be found in non-food items, including:

- Cosmetics (including soaps and creams)
- Medications
- Nutritional supplements
- Pet foods

In non-food items, the scientific name for sesame, *Sesamum indicum*, may be on the label.

# HOW TO USE A GENERIC ADRENALIN® AUTO-INJECTOR

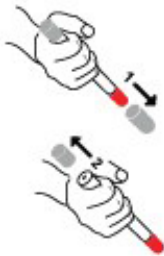
## Call 911 immediately after using the Epinephrine Auto-Injector

The effects of the epinephrine auto-injector begin to wear off after 10–15 minutes. It is very important to call 911 or the emergency number in your area immediately after using the epinephrine auto-injector. Your child could have another reaction and needs to be observed in the emergency department for at least 4 hours. Bring the epinephrine auto-injector with you to the hospital or give to emergency personnel when they arrive to safely dispose of it.

### Steps to Using the Generic Adrenalin® Auto-Injector



#### Step A



- Pull off GRAY end cap with the [1]; you will now see a RED tip. Never put thumb, finger, or hand over the RED tip.
- Pull off GRAY end cap with [2].

#### Step B



- Put the RED tip against the middle of the outer side of your thigh (upper leg) as shown. It can go through clothes.
- Press down hard until the needle enters your thigh (upper leg) through your skin. Hold it in place while slowly counting to 10.
- Remove the epinephrine auto-injector from your thigh.
- Check the RED tip. If the needle is exposed, you received the dose. If the needle is not visible, repeat Step B.

#### Step C



**Get emergency  
medial help right  
away: Call 911.**

- **Be prepared** to give a second dose of the epinephrine auto-injector if symptoms do not improve in 5 to 15 minutes.

This handout is for general information only. The information and above list are guidelines and do not include all symptoms. This document is not a substitute for being seen by a doctor. Always call your doctor if you have questions or seek emergency medical attention if necessary.

**Children's**  
HOSPITAL • ST. LOUIS  
BJC HealthCare

## When to Use Generic Adrenaclick®

The Generic Adrenaclick® auto-injector is an epinephrine shot used to treat severe allergic reactions (anaphylaxis). A severe allergic reaction can become fatal within minutes if untreated. Using epinephrine gives the life saving time needed to get further medical treatment.

### **SYMPTOMS OF ANAPHYLAXIS INCLUDE**

**Mouth:** Itchy, swelling of tongue and/or lips

**Throat:** Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

**Skin:** Itchy, hives, redness, swelling, red watery eyes

**Gut:** Nausea, vomiting, cramps, diarrhea

**Lung:** Short of breath, wheeze, repetitive cough

**Heart:** Pale or blue skin color, dizzy/faint, weak pulse

**Neurological:** Sense of "impending doom," irritability, change in alertness, mood change, confusion

**Other:** Itchy, red, watery eyes

## Tips about Generic Adrenaclick®

- Comes in two strengths and are prescribed based on the individual weight.
- A Generic Adrenaclick® trainer is included in the box with the real Generic Adrenaclick®.
- The trainer does not have medicine or a needle.
- Use the trainer to practice steps of giving the injection.
- Store at room temperature.
  - Do not refrigerate.
  - Do not keep in a vehicle during hot or cold weather.
  - Do not expose to direct sunlight.
- Be sure the medicine is clear/colorless in the viewing window.
- Check the expiration date. If expired get a refill.

**Additional Information:**  
**[adrenaclick.com](http://adrenaclick.com)**

This handout is for general information only. The information and above list are guidelines and do not include all symptoms. This document is not a substitute for your child being seen by a doctor. Always call your doctor if you have questions or seek emergency medical attention if necessary.

# HOW TO USE AN AUVI-Q™ AUTO-INJECTOR

## Call 911 immediately after using the Auvi-Q™

The effects of the Auvi-Q™ begin to wear off after 10-15 minutes. It is very important to call 911 or the emergency number in your area immediately after using Auvi-Q™. Your child could have another reaction and needs to be observed in the emergency department for at least 4 hours. Bring the Auvi-Q™ with you to the hospital or give to emergency personnel when they arrive to safely dispose of it.

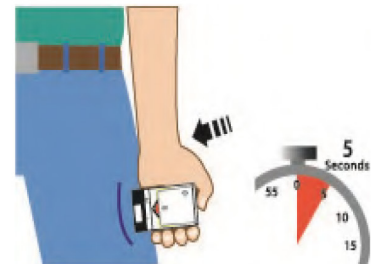
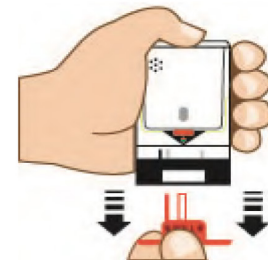
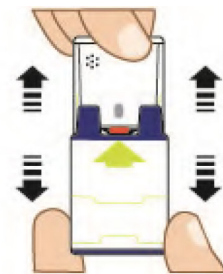
### Steps to Using the Auvi-Q™

1. Pull Auvi-Q™ from the outer case. Do not proceed to step 2 until you are ready to use Auvi-Q™. If not ready to use, replace the outer case.
2. Pull off **red** safety guard. To avoid accidental injection, never touch the **black** base of the auto-injector. If an accidental injection does occur, seek medical help immediately. *Note: The safety guard is meant to be tight. **Pull firmly to remove.***
3. Place **black** end against the middle of the outer thigh, then press firmly against thigh and hold in place for 5 seconds. Do not remove Auvi-Q™ until the 5 second countdown is done. The Auvi-Q™ makes a distinct sound (click and hiss) when activated.

**The Auvi-Q™ is designed to go through clothing or directly on skin. Each device is a single-use injection.**

- **Call 911 and seek immediate medical attention.** Tell them that your child has had an allergic reaction and that the Auvi-Q™ was used. Bring the Auvi-Q™ with you to the hospital or give to emergency personnel when they arrive and they will safely dispose of it.
- **Be prepared** to give a second dose of the Auvi-Q™ if symptoms do not improve or worsen in 5 to 15 minutes.

**Note:** Auvi-Q™ contains audio voice instructions that help guide you through the steps. In the event the audio instructions do not work properly, the Auvi-Q™ will still work during an allergic reaction.



This handout is for general information only. The information and above list are guidelines and do not include all symptoms. This document is not a substitute for being seen by a doctor. Always call your doctor if you have questions or seek emergency medical attention if necessary.

**Children's**  
HOSPITAL • ST. LOUIS  
BJC HealthCare



## When to Use Auvi-Q™

The Auvi-Q™ Auto-injector is an epinephrine shot used to treat severe allergic reactions (anaphylaxis). A severe allergic reaction can become fatal within minutes if untreated. Using the Auvi-Q™ gives the lifesaving time needed to get further medical treatment.

### **SYMPTOMS OF ANAPHYLAXIS INCLUDE**

**Mouth:** Itchy, swelling of tongue and/or lips

**Throat:** Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

**Skin:** Itchy, hives, redness, swelling, red watery eyes

**Gut:** Nausea, vomiting, cramps, diarrhea

**Lung:** Short of breath, wheeze, repetitive cough

**Heart:** Pale or blue skin color, dizzy/faint, weak pulse

**Neurological:** Sense of "impending doom," irritability, change in alertness, mood change, confusion

**Other:** Itchy, red, watery eyes

## Tips about Auvi-Q™

- Comes in two strengths and are prescribed based on the individual weight.
- An Auvi-Q® trainer is included in the box with the real Auvi-Q®.
- The trainer does not have medicine or a needle.
- Use the trainer to practice steps of giving the injection.
- Store at room temperature.
- Do not refrigerate.
- Do not keep in a vehicle during hot or cold weather.
- Do not expose to direct sunlight.
- Be sure the medicine is clear/colorless in the viewing window.
- Check the expiration date. If expired get a refill.

**Additional Information:**  
**[auvi-q.com](http://auvi-q.com)**

This handout is for general information only. The information and above list are guidelines and do not include all symptoms. This document is not a substitute for your child being seen by a doctor. Always call your doctor if you have questions or seek emergency medical attention if necessary.

# HOW TO USE EPIPEN<sup>®</sup> AUTO-INJECTOR

## Call 911 immediately after using the Epinephrine Auto-Injector

The effects of the epinephrine auto-injector begin to wear off after 10–15 minutes. It is very important to call 911 or the emergency number in your area immediately after using the epinephrine auto-injector. Your child could have another reaction and needs to be observed in the emergency department for at least 4 hours. Bring the epinephrine auto-injector with you to the hospital or give to emergency personnel when they arrive to safely dispose of it.

### Steps in Using an EpiPen<sup>®</sup>

1. Remove the EpiPen<sup>®</sup> from the protective carrier tube by tipping and sliding it out.
2. Form a fist around the EpiPen<sup>®</sup> with the orange tip pointing down. Pull off the blue safety release.
3. Hold with the orange tip pointing toward the middle of the outer thigh.
4. Swing and press the orange tip **firmly** into the outer thigh until you hear a "click." Keep holding it firmly against the thigh for 3 seconds. Note: If you are administering to a young child, hold the leg firmly in place while administering an injection. EpiPen<sup>®</sup> may be used through clothing or directly on the skin.
5. Remove the EpiPen<sup>®</sup> from the thigh and massage the area for 10 seconds.
6. **Call 911 and seek immediate medical attention.** Tell them that your child has had an allergic reaction and that the EpiPen<sup>®</sup> was used.
7. Be prepared to use a second EpiPen<sup>®</sup> if symptoms do not improve or worsen in 5 to 15 minutes. Each EpiPen<sup>®</sup> is for **single use only**.

#### Step 1



#### Step 2



#### Step 3



#### Step 4



#### Step 5



This handout is for general information only. The information and above list are guidelines and do not include all symptoms. This document is not a substitute for being seen by a doctor. Always call your doctor if you have questions or seek emergency medical attention if necessary.

## When to Use EpiPen®

The EpiPen® auto-injector is an epinephrine shot used to treat severe allergic reactions (anaphylaxis). A severe allergic reaction can become fatal within minutes if untreated. Using epinephrine gives the life saving time needed to get further medical treatment.

### **SYMPTOMS OF ANAPHYLAXIS INCLUDE**

**Mouth:** Itchy, swelling of tongue and/or lips

**Throat:** Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

**Skin:** Itchy, hives, redness, swelling, red watery eyes

**Gut:** Nausea, vomiting, cramps, diarrhea

**Lung:** Short of breath, wheeze, repetitive cough

**Heart:** Pale or blue skin color, dizzy/faint, weak pulse

**Neurological:** Sense of "impending doom," irritability, change in alertness, mood change, confusion

**Other:** Itchy, red, watery eyes

## Tips about EpiPen®

- Comes in two strengths and are prescribed based on the individual weight.
- An EpiPen® trainer is included in the box with the real EpiPen®.
- The trainer does not have medicine or a needle.
- Use the trainer to practice steps of giving the injection.
- Store at room temperature.
- Do not refrigerate.
- Do not keep in a vehicle during hot or cold weather.
- Do not expose to direct sunlight.
- Be sure the medicine is clear/colorless in the viewing window.
- Check the expiration date. If expired get a refill.

**Additional Information:**  
**[epipen.com](http://epipen.com)**

This handout is for general information only. The information and above list are guidelines and do not include all symptoms. This document is not a substitute for your child being seen by a doctor. Always call your doctor if you have questions or seek emergency medical attention if necessary.