



CIRCLE CHRISTIAN SCHOOL

Food Allergy Acknowledgement

Campus Limitations:

Due to the nature of our university style educational model where students, teachers, and staff come and go by periods of the day, and the inability to secure a multi-use/limited time-leased campus, Circle Christian School can not monitor or guarantee that the facility will be free from allergen causing food particles, even life – threatening allergen causing food particles. Within those limitations, Circle Christian School will endeavor to provide as safe a campus environment as possible for students with serious or life-threatening food allergies through the following risk reduction measures.

Parent Responsibilities and Accommodations:

Parents/Guardians initial each item in the box below.

	<ul style="list-style-type: none">• Parent(s)/Legal Guardians have notified the school in writing with documented food allergy information.
	<ul style="list-style-type: none">• Parent(s)/Legal Guardians have provided an Epi-Pen, either carried by the student or in the care of campus staff, for students with serious or life threatening allergies.
	<ul style="list-style-type: none">• Parent(s)/Legal Guardians have provided an <i>Emergency Care Plan</i> identifying allergens and directives on emergency care including the location and administration of the epi-pen. Use of the <i>FARE Emergency Care Plan</i> is preferred.
	<ul style="list-style-type: none">• Parent(s)/Legal Guardians acknowledge that the school has limited staff and no medical staff.
	<ul style="list-style-type: none">• Parent(s)/Legal Guardians acknowledge that despite risk reduction efforts, items containing nut products, contaminated by nut products, or produced in facilities with nuts are likely to be on campus at any given time.
	<ul style="list-style-type: none">• Parent(s)/Legal Guardians acknowledge and understand that Circle Christian School is not the sole user or owner of the facility. Non-affiliated groups may be on campus before or after, or at the same time as our campus programs. Non-affiliated groups may use the same classrooms before or after campus classes. Circle Christian School has no ability to communicate with these groups.
	<ul style="list-style-type: none">• Parent(s)/Legal Guardians acknowledge and understand that while Circle Christian School will request that other students, parents, and staff not bring nut containing products to the campus, the school cannot guarantee that it not will happen nor will the school inspect lunches or backpacks/belongings.

School Responsibilities and Accommodations:

- The school will provide and document training for campus teachers and campus administrative staff in the use of Epi-Pens.
- The school will ensure that the student's teachers and campus administrative staff have reviewed and have access to the student's *Emergency Care Plan*.

CCS Food Allergy Acknowledgement (Continued)

- The school will provide awareness/notification to students, families, and staff related to serious or life-threatening food allergies.
- The school will request that students or parents on a campus with a student with serious or life threatening peanut/nut allergies bring no peanuts or nut-containing products to school.
- The school will exempt students from any food related activities or classroom time that potentially involve exposure to their serious or life-threatening allergens.

Emergency Procedures

Should an emergency occur, the closest teacher or staff will respond by immediately administering the Epi-Pen (FIRST) and then calling 911. After on-site emergency medical care has been given, the parent will be contacted, then school administration will be contacted.

Student Signature (For students in grades 7 and above)

I, the student affected by severe food allergies, understand and accept the serious limitations related to my safety from food allergy reactions on the Circle Christian School campus. In partnership with the school, I acknowledge and accept the items outlined in this document.

Printed Name of Student

_____/_____
Signature of Student / Date

Parent/Guardian Signature

I/We understand and accept the serious limitations related to my child's safety from food allergy reactions on the Circle Christian School campus. In partnership with the school, I/We acknowledge and accept the items outlined in this document.

Printed Name of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

_____/_____
Signature of Parent/Legal Guardian / Date

_____/_____
Signature of Parent/Legal Guardian / Date

Glossary of Terms¹

Allergen: A food or other substance that triggers an allergic reaction in individuals who are sensitive to it. Allergens can cause allergic reactions when they are swallowed, touched, or even inhaled.

Allergic Reaction: A damaging immune response by the body to a particular substance that is wrongly perceived as a threat to the body. It may vary in severity from mild to life-threatening.

Anaphylaxis: A severe allergic reaction, the extreme end of the allergic spectrum, which may be fatal if not treated quickly with Epinephrine. The entire body is affected often within minutes of exposure to the allergen, but sometimes hours later.

Epinephrine (Adrenaline): The drug of choice in emergency treatment of acute anaphylaxis. It relaxes bronchial smooth muscle by stimulating alpha and beta receptors in the sympathetic nervous system. It must be administered as soon as anaphylaxis is suspected.

EpiPen: An adrenaline injection prescribed by many doctors, the EpiPen, an easy-to-use device with a concealed needle. Epinephrine auto-injectors, single or twinject, are available by prescription.

Food Allergy: An immune system response to a particular food or food ingredient or additive. In allergic individuals, the immune system identifies a food as a germ or antigen and produces antibodies (Immunoglobulin E or IgE) and this reaction stimulates the release of histamine and other chemicals.

¹ Florida School District Food Allergies Policies.pdf/glossary



Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: [] Yes (**higher risk for a severe reaction**) [] No

**PLACE
PICTURE
HERE**

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

Extremely reactive to the following foods: _____

THEREFORE:

[] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

[] If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

FOR ANY OF THE FOLLOWING:

SEVERE SYMPTOMS



LUNG Short of breath, wheezing, repetitive cough



HEART Pale, blue, faint, weak pulse, dizzy



THROAT Tight, hoarse, trouble breathing/ swallowing



MOUTH Significant swelling of the tongue and/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.



- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they 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 them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE
Itchy/runny nose, sneezing



MOUTH
Itchy mouth



SKIN
A few hives, mild itch



GUT Mild nausea/ discomfort

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

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

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

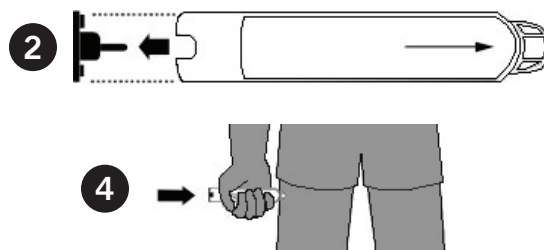
EPI-PEN LOCATION

The student's Epi-Pen will be

- On the student's person
- In the student's marked backpack
- In care of the campus staff

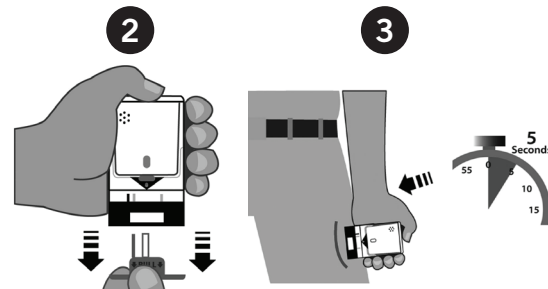
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



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 get worse quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE _____

DATE _____



CIRCLE CHRISTIAN SCHOOL

Food Allergy Assessment Form

Student Name: _____ Date of Birth: _____ Date: _____

Parent/Guardian: _____ Phone: _____ Cell/work: _____

Health Care Provider (name) treating food allergy: _____ Phone: _____

Do you think your child's food allergy may be life-threatening? No Yes

Did your student's health care provider tell you the food allergy may be life-threatening? No Yes

History and Current Status

Check the foods that have caused an allergic reaction:

- | | | |
|---|---|-------------------------------|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Fish/shellfish | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Peanut or nut butter | <input type="checkbox"/> Soy products | <input type="checkbox"/> Milk |
| <input type="checkbox"/> Peanut or nut oils | <input type="checkbox"/> Tree nuts (walnuts, almonds, pecans, etc.) | |

Please list any others:

How many times has your student had a reaction? Never Once More than once, explain:

When was the last reaction?

Are the food allergy reactions: staying the same getting worse getting better

Triggers and Symptoms

What has to happen for your student to react to the problem food(s)? (Check all that apply)

- Eating foods Touching foods Smelling foods Other, please explain:

What are the signs and symptoms of your student’s allergic reaction? (Be specific; include things the student might say.)

How quickly do the signs and symptoms appear after exposure to the food(s)?

- Seconds Minutes Hours Days

Treatment

Has your student ever needed treatment at a clinic or the hospital for an allergic reaction?

- No Yes, explain: _____

Does your student understand how to avoid foods that cause allergic reactions? No Yes

What treatment or medication has your health care provider recommended for use in an allergic reaction?

Have you used the treatment? No Yes

Does your student know how to use the treatment? No Yes

Please describe any side effects or problems your child had in using the suggested treatment:

I give consent to share, with the classroom, that my child has a life-threatening food allergy.

- No Yes

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____