

FOOD ALLERGIES

Serious food allergies appear to be increasing in frequency and the number of affected students is rising. Allergy to nuts, particularly peanuts, is the leading cause of this increase. In some cases, minute amounts of the food allergen, when eaten, touched or inhaled can make the allergic child very ill. A few food allergic children are at risk for life-threatening anaphylaxis. Anaphylaxis is the medical term for a severe life-threatening allergic reaction and food allergy is the leading cause. Students with documented life-threatening food allergies may be referred to the District's Section 504 Committee for determination of their eligibility to receive an accommodation plan in order to enable them to participate in school programs.

The school district will endeavor to reduce an allergic child's exposure to allergens within the school setting, while acknowledging that it is not possible to guarantee an allergen-free environment.

Currently, there is no cure for food allergies and avoidance is the only prevention; yet it is impossible to achieve complete avoidance of all allergic foods as there can be hidden or accidentally introduced sources. Therefore, the child's parents and physician must prepare the school district for serious reactions that may occur despite precautions. To that end, parents are responsible for notifying the school of students with documented food allergies and/or anaphylaxis and for providing the school with medical information and the family physician's treatment protocol. The school district does not have a diagnostic responsibility with respect to medical conditions. Upon notification by the parent, a conference will be held to develop an individual Health Plan or, if necessary, a Section 504 accommodation plan.

The school must receive a documented diagnosis of allergies and clear easy to follow written instructions from the student's physician for managing the student's allergies: avoidance measures, typical symptoms, dosing instructions for medications and emergency protocols. Parents are responsible for providing the allergic child's medication directly to the school health office in a properly labeled original container.

If the child is at risk of a lethal allergic reaction, the district strongly urges that he/she wear a medical information bracelet or necklace that identifies the specific items that may cause an anaphylactic reaction.

Parents and the nurse will agree on which school personnel should be made aware of the allergic student's condition. Appropriate school staff will be inserviced and trained.

Each school may place limitations on foods which may be brought into school from home or places where foods may be eaten. The District will seek cooperation from the school community.

Policy

No. 5425

Board of Education

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The District's goals for severe food-allergic children are to reduce the risk of exposure, identify and recognize symptoms of an adverse reaction and ensure prompt emergency treatment. Implementation shall be consistent across the District.

Regulations will be promulgated by the District, consistent with Section 504 of the Rehabilitation Act, to provide for the allergic/anaphylactic child as to classrooms, cafeteria and lunches, snacks, birthday parties, holiday and special celebrations, "specials", field trips, school sponsored and extracurricular activities, school buses, substitute teachers, Individual Emergency Response plans, epi-pen or other medication to be used and training, staff in-service, forms and letters, consents, waivers and privacy issues and sharing information.

When children have been identified by their parents and physicians as food-allergic/anaphylactic and have reported their medical information to the school nurse, the parents will be given a copy of District Policy # 5425, Regulation #5425R, and Exhibits #5425E1, #5425E2, #5425E3, #5425E4, #5425E5, and #5425E6. Each will have a tear-off sheet to be signed by the parent indicating they received, read and had the opportunity to discuss this with the school nurse or the principal.

Adopted: June 20, 2005