Newhall School District DATE: _____

Student Food Allergy Prevention Plan

School Year:	

Student Name:______ DOB:____Teacher:_____ Grade: ___

ALLERGY TO:				
SPECIAL NOTES:				
Please review and initial next to your responsibilities, and return this plan to the school health office.				
<u>Teacher:</u>	Health Assistant/Office:			
Know what your student is allergic to, and help eliminate exposures in and out of the classroom.	Provide parent with allergy packet and follow up with needed health forms.			
Reinforce the "no food sharing" or "no food trading" rule.	Inform the school nurse, teacher, cafeteria, yard supervisors, administrators, and office staff of the allergy.			
Encourage your students to wash their hands after they eat, and make sure desks/tables in your classroom are wiped after food is eaten or used.	Note if parent has requested that the student eat at a peanut-free table.			
Use nonfood items for classroom projects, academic rewards, and classroom celebrations.	Document allergy in aeries and add to your log of students with allergies.			
Make sure any food brought in to your class is store- bought with clearly labeled ingredients, not home- prepared.	Inform district nurse of any medication you have received for student.			
Review student's Emergency Allergy Action Plan. Know how to recognize signs and symptoms of anaphylaxis, and	Ensure that this care plan has been read and signed by staff.			
know how to respond in an emergency.	Ensure that emergency medication is clearly			
Look out for and report, bullying or teasing, related to food allergies.	labeled and accessible in the event of an emergency.			
Ensure guest-teachers, your NSD classroom aides, curriculum specialists, PE teachers, and other education	Review emergency response plan, and how to react in the event of an anaphylactic emergency.			
specialists the student may see during the day, are aware of the allergy.	Prepare for field trips in advance.			
Notify the health assistant and parent at the beginning of the year (or as soon as possible), of all upcoming field trips, so that they can plan accordingly.	Health Assistant Name:			
Teacher Name:				

Newhall School District Student Food Allergy Prevention Plan

DATE:	

School Year:

Yard Supervisor:	
Be aware of the student's food allergy, and know if the parent has requeste	d the student eat at a peanut-free table.
Reinforce the "no food sharing" or "no food trading" rule.	
Encourage students to wash their hands after eating, especially if you see p	peanut butter on them.
Wipe down tables after each group of students eat.	
Review the emergency action plan. Know how to recognize signs and symprespond in an emergency.	otoms of anaphylaxis, and know how to
Look out for and report any observed bullying or teasing related to food all	lergies.
Monitor peanut-free tables to ensure that no food items made with peanue eaten at the table.	ts or containing peanuts is brought to, or
Yard Supervisor Names://	J
	/
Parent:	Student:
Be involved and communicate with your child's teacher, the school health ssistant, and the school nurse. If possible, send in your child's lunch and snacks from home. If your child is eating from the cafeteria, review the food items that are safe for hem to eat before each day, using the Santa Clarita Food Service Agency website http://www.scvschoolnutrition.org/) or phone app. If your child will be eating regularly from the cafeteria, and will need special neal accommodations, return the Special Meals Accommodation Form, signed by four child's doctor (provided in the allergy packet). Consider keeping "safe snacks" in the classroom for unplanned events. For classroom events that involve food, consider providing the classroom eacher with safe snacks for the entire class so that your child can eat what everyone else does. Provide updated allergy forms and medication order forms (if needed) before	Learn everything that you are allergic to, and practice communicating it with others. Do not share or trade food. Do not eat food that is offered to you, without first checking with an adult who knows your allergens (like a parent or teacher). Wash your hands before and after eating. Report bullying or teasing. Student's Name:
_ Provide updated allergy forms and medication order forms (if needed) before he start of each new school year.	
arent(s) Name:	