

Dear Parents,

If your child has a severe allergy that requires emergency medication please read the following letter carefully. In order for FCS to manage your child's care appropriately, we require that several steps be taken by you and your physician before the first day of school. **Prior to attendance at school**, each child with a potentially life-threatening condition shall present an emergency action plan (EAP) addressing the condition.

- A life-threatening health condition means a condition that will put the child in danger of death during the school day if a medication or treatment order is not in place.

A separate current "medication permission" form must be completed if medication is part of this plan. **The medication permission form is only valid for the current school year and is downloadable from the "forms" section on the FCS website. Extra forms are available at your school office.**

This "Emergency Action Plan" (EAP) will be available to staff who work closely with your child. (Ex. teachers, bus drivers).

If any changes are needed on this Emergency Action Plan, it is your responsibility as parents to contact the school nurse.

We will need the following 3 items from you: 1. the emergency care plan, 2. the medication permission form, and 3. a responsibility statement. The Emergency Care Plan and the medication permission form need to be filled out and signed by you and your licensed healthcare provider. The responsibility statement should be read by you, with the signature page filled out and returned to the school. You may turn these in to the school nurse at your campus on or before the first day of school. The school nurse at your child's campus, or the school nurse coordinator, will be available to discuss your child's condition at any time.

Thank you for your help in this matter. Know that your child's health is of utmost importance to the teachers and staff at Fredericksburg Christian.

Serving Him,

Valarie A Woods, RN, BS
Fredericksburg Christian School Nurse Coordinator

**We recommend that you provide at least two epi-pens®/twinjects™ if your child requires epinephrine for management of anaphylaxis. This is for two reasons. Epinephrine is a short acting medication and a second injection may be required before 911 services arrive. Also, if your child is older and is self-carrying their "pen" this will allow one extra "pen" to always be on hand in the nurses office.

EMERGENCY ACTION PLAN: SERIOUS ALLERGY

NAME : _____ / _____
Date of Birth

PICTURE
OF
STUDENT

ALLERGY TO: _____

Type of Reaction: Anaphylaxis Other _____

*Asthmatic? Yes No * Higher risk for severe reaction

SYMPTOMS

Mild Symptoms (Local Reactions) :

- Mild skin reactions *Hives/swelling only in the areas of allergen contact.*

Students with epinephrine (Epi-Pen® or Twin-ject™) or history of anaphylaxis MUST go home with parental supervision for the remainder of the school day if there is a mild reaction or suspected ingestion.

SYMPTOMS CAN BECOME MORE SERIOUS VERY QUICKLY OR OVER THE NEXT SEVERAL HOURS

SERIOUS SYMPTOMS (Anaphylaxis)

****WATCH CAREFULLY****

- **Skin** wide spread hives and flushing, wide spread swellings
- **Mouth** swelling of the tongue
- **Throat** itching, or a sense of tightness in the throat, hoarseness, hacking cough
- **Abdomen** vomiting, nausea, cramps, diarrhea
- **Lungs** repetitive coughing, wheezing, trouble breathing
- **Heart** rapid heart rate, lightheadedness, dizziness, loss of consciousness

TREATMENTS (to be completed by physician)

IF STUDENT HAS MILD SYMPTOMS OR INGESTION IS SUSPECTED

- Note time _____ and stay with student.
- **Watch closely for any serious symptoms.**
- Give _____ per Dr's order .
(Antihistamine)
- Call parent or emergency contact.
- Stay with student until parent arrives.
- **If at any time symptoms progress, go to serious symptom treatment below.**

IF STUDENT HAS ANY SERIOUS SYMPTOMS:

- Note time _____ and stay with student.
- **Administer (Circle one) Epi Pen® Epi-Pen Jr.® Twinject™ 0.15mg Twinject™ 0.3mg**
Follow directions on injection device as trained.
Note time given _____.
- Give _____ per Dr's order.
(Antihistamine)
- **MUST Call 911: Ask for advanced life support for an allergic reaction.**
- Dispose of used epi-pens in the "sharps" container or give to emergency responders.
- Call parents or emergency contacts.

****Do not hesitate to call 911 or to give emergency medications****

I give my permission for _____ to self-carry his/her epipen. _____ has been
(student's name) (student's name)
trained and is knowledgeable of when and how to administer an epipen and has agreed to never share this with another student.

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____

Life Threatening Health Conditions: Prior to attendance at school, each child with a potentially life threatening condition shall present a medication or treatment order addressing the condition. A life threatening condition means a condition that will put the child in danger of death during the school day if a medication or treatment order is not in place. **Medication, supplies, physician orders and this Emergency Action Plan (EAP) must be in place before a student can attend school.**

- A separate current “medication permission” form must be completed if medication is part of this plan. **The medication permission form is only valid for the current school year and is available on the FCS website and in your school office.**
- This “Emergency Action Plan” (EAP) will be made available to staff who work closely with your child.
- I understand that if any changes are needed on this Emergency Action Plan, it is the parents responsibility to contact the school nurse.
- I understand that Fredericksburg Christian Schools cannot guarantee a completely safe environment.
- I understand that providing all the medications and treatments necessary does not guarantee that my child will not have a reaction.
- This Emergency Action Plan must be signed by the parents and Physician.

Additional comments /recommendations by physician:

My signature below shows I have read and agree with this plan.

Father’s (Guardian) Signature _____ **Mother’s (Guardian) Signature** _____

Physician’s Signature _____ **Date** _____

Physician Name (Print) _____ **Phone #** _____

Emergency Contact Numbers

Name	Home	Cell	Work
1.			
2.			
3.			
4.			

To be filled out by the school nurse:

School Nurse _____ Phone _____

Trained staff members:

1. _____ Room # _____

2. _____ Room # _____

3. _____ Room # _____

FREDERICKSBURG CHRISTIAN SCHOOLS

Medication Permission Form

Lower Campus (Pre 3-6 Grade)
2231 Jefferson Davis Highway
Fredericksburg , VA 22401
PH: 540-373-5357
FAX: 540-899-6211

Upper Campus (7-12 Grade)
9400 Thornton Rolling Road
Fredericksburg, VA 22408
PH: 540-371-3852
FAX: 540-371-4121

Stafford Campus (Pre 3-8 Grade)
101 Shepherd's Way
Stafford, VA 22556
PH: 540-659-1279
FAX: 540-659-4914

Fredericksburg Christian Schools requires that if medication is to be taken by a student while he/she is in school, the school **MUST** have the following completed and on file:

1. This form completed and signed by the physician and parent
2. The medication in the original container

THIS APPLIES TO ANY PRESCRIPTION OR OVER-THE- COUNTER MEDICATION.

To be completed by the physician:

Student's Name _____ **Grade** _____

Medication/Treatment: _____

Reason: _____

Dosage and Time Schedule: _____

Duration of Treatment: _____

Any Known Adverse Reactions: _____

Name of Physician (Printed): _____

Physician Signature: _____

Address: _____

Telephone: _____ **Date:** _____

To be completed by parent or guardian:

I request that school personnel give the above medication ordered by the physician as stated, according to the directions given.

Date

Signature of Parent/guardian

LIFE THREATENING ALLERGIES RESPONSIBILITY STATEMENT

STUDENT RESPONSIBILITIES

- To eat only food/snacks brought from home or approved by parents for you to eat. (menu foods)
- To avoid all food items with unknown ingredients. (No trading or sharing of food with others.)
- To avoid foods with known allergic ingredients. (No trading or sharing of food with others.)
- To notify the school staff if you suspect you may have been exposed to an allergen.
- To notify the school staff immediately if you have symptoms of a reaction.
- To participate in your care and management based on your developmental level.
- To never share your Epi-pen® with another student.

PARENT RESPONSIBILITIES

- To notify the school of the child's allergies and be willing to work with the staff to develop a plan that accommodates the student's needs during the school day.
- To provide the staff with completed forms (Emergency Action Plan, Medication Permission Form, Responsibility Form) **before the first day of class attendance.**
- To provide all medications listed on the Emergency Action Plan on or before the first day of class attendance.
- To replace those medications upon expiration or after use.
- To provide updated photographs at the start of each school year for the Emergency Action Plan.
- To provide complete and updated emergency contact information.
- To be willing to serve as or assist the room mothers with special events/party planning in your child's classroom.
- To be willing to volunteer to chaperone your child's field trips or during activities that are outside the scope of the normal school day (field trip).
- To provide the school with safe/unsafe product lists.
- To educate your child in management of his/her food/severe allergy, including but not limited to: safe/unsafe foods, how to avoid unsafe foods, symptoms of allergic reactions, how to communicate an allergy related problem and not to accept food from other students. As age appropriate, the child should be taught how to administer the Epi-pen® and how to read food labels.
- To pick up your child immediately if he/she has a mild reaction or suspected ingestion/exposure.

SCHOOL RESPONSIBILITY

- To be informed of and work within school policy when dealing with severe allergies.
- To work with parents/physician/student (age appropriate) to create the Emergency Action Plan (EAP) specific for each child.
- To be available to meet with parents and other core members of staff to discuss student's care.
- To distribute Emergency Action Plan to all teachers and staff who will have contact with allergic student.
- To ensure that teachers have a plan for informing substitutes of allergic children and their care in the classroom.
- To provide an in-service yearly to all teachers/staff who will have allergic children in their care. (This will include recess teachers, assistants, bus drivers/monitors, coaches). This in-service shall provide general education about food allergy, including signs and symptoms of an allergic reaction and how to take emergency action, as well as the emotional and social aspects of care so that students are not isolated or teased.
- To assign at each campus, three people in addition to the school nurse who can be trained in administering epinephrine in an emergency.
- To post the names and locations of all staff, campus specific, who are trained in epinephrine administration in office and on the student's Emergency Action Plan. (EAP)
- To attempt to provide a separate place for allergic students to eat in the classroom and in common areas. This will include monitoring these areas and making sure these areas are appropriately cleaned.
- To provide guidance to students in the allergic child's classroom to ensure all hands are washed with soap and water after snack and lunch, if indicated.
- Desks and eating tables should be washed, as indicated, when appropriate.
- To provide a safe, easily accessible place for storage of medications needed for emergencies. These medications should be appropriately labeled with child's name and the dosage instructions.
- To call 911/Emergency services/parents immediately when a student has a severe reaction requiring epinephrine.
- To call parents if the students will be required to go home for the remainder of the day with parental supervision. Students with epinephrine (Epi-Pen® or Twin-ject™) or history of anaphylaxis MUST go home with parental supervision for the remainder of the school day if there is a mild reaction or suspected ingestion.

(sign, clip, and return)

I have read and understand the responsibilities outlined in this form.

Student's Name _____ Date _____

Father's Signature _____ Mother's Signature _____