



## Food/Drug Allergy and Emergency Treatment Authorization

Please complete and return this form even if your child has no known food allergies at this time (1 form per child).

Student's Name	Date of Birth	Known Allergies
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### Family's Responsibility

- Notify the school of your child's allergies.
- Work with your child's teachers and Integrity Academy administration to develop a plan that accommodates your child's needs throughout the school including in the classroom, in the lunchroom, in after-school classes, and during school-sponsored activities.
- Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide: ([www.foodallergy.org/downloads/FAAP.pdf](http://www.foodallergy.org/downloads/FAAP.pdf).)
- Provide properly labeled medications and replace medications after use or upon expiration.
- Educate your child in the self-management of their food allergy including safe/unsafe foods, strategies for avoiding exposure to unsafe foods, symptoms of allergic reactions, how and when to tell an adult they may be having an allergy-related problem, and how to read food labels (age appropriate).
- Review policies/procedures with Integrity Academy staff, your child's physician, and your child after a reaction has occurred.
- Provide current emergency contact information.

### School's Responsibility

- Review the health records submitted by parents and physicians.
- Work with families to establish a prevention/action plan.
- Assure that all staff who interact with the student on a regular basis understands the student's action plan for prevention and in the case of a reaction.
- Ensure the proper storage and accessibility of medications.
- Ensure that staff members are prepared to handle a reaction and are able to administer emergency medications during school hours.
- Review policies/procedures with families and the student's physician after a reaction has occurred.
- Have policies in place to minimize risk to food-allergic students (i.e. ingredient cards, no trading food policy, and parent notification of food in classroom.)

### Student's Responsibility

- Refrain from trading food with other students.
- Refrain from eating anything with unknown ingredients or ingredients known to contain any allergen.
- Be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Notify an adult immediately if they eat something they believe may contain the food to which they are allergic, or if they feel as though they are having allergy-related symptoms.

By signing below I am indicating that I understand my responsibilities as outlined above. I further understand that I am expected to work diligently to ensure that anyone at the School (defined as Integrity Academy, its staff, officers, agents, and representatives) who works directly with my child understands my child's food allergy and has the appropriate plan of action in place to minimize food-allergy related risks to my child. I hereby release the School from liability and shall indemnify and hold the School harmless for any injuries, accidents, or other harm that may result from my child's food allergy while in the care of the School.

Signature of Parent/Guardian	Date
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**Emergency Treatment** – If, in the judgment of the School (defined as Integrity Academy, its directors, officers, agents, and representatives), my child(ren) need(s) immediate care and treatment as a result of any accident, injury, illness, or other medical need while at the school or during a school-related function, I/we hereby request, authorize, consent, and otherwise grant permission to the School to render or obtain care and treatment for my child(ren.) I/We authorize the School to obtain care and treatment for my child(ren) from any physician, nurse, hospital, or other licensed professional. I/We authorize my child(ren) to be transported by ambulance, life flight, or by other appropriate rescue means or personnel when necessary for my child(ren)'s safety or well-being. I/We shall reimburse the School for any costs associated with such treatment or transportation. I/We hereby release the School from liability and shall indemnify and hold the School harmless for any injuries, accidents, or other harm that may result from such care and treatment or transportation of my child(ren).

Signature of Parent/Guardian	Date
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Copy for Parent/Guardian Information

## **Integrity Academy Guidelines for Students with Food Allergies**

(adapted from The Food Allergy & Anaphylaxis Network's Guidelines for Managing Students with Food Allergies  
[www.foodallergy.org/school/guidelines/SchoolGuidelines.pdf](http://www.foodallergy.org/school/guidelines/SchoolGuidelines.pdf))

### **Family's Responsibility**

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