

Medical Alert for: Substitute Teachers-Confidential* Food Allergy**

Student: _____ Teacher: _____

This student has a life threatening allergy to: _____

This student has an **“Emergency Care Plan”** on file and included in the substitute folder.

To ensure this student’s safety please follow these instructions:

- Please wash your hands with soap and water, to remove possible food residue.
- Identify who the allergy student is in your classroom/maintain confidentiality.
- In some cases, no identified food allergy causing items are allowed in the classroom. Ask administrator for assistance/clarification, if needed. This includes food and instructional materials. (In some cases lunchboxes must be stored outside the classroom)
- Students are not allowed to share food.
- Staff and children are encouraged to wash with soap and water and/or use hand wipes or hand sanitizer after eating.
- Never take a student off campus without administrator’s direct permission (requires medication/training).
- Make sure other staff members that will be supervising this child are aware of the concern.

Emergency Instructions

- **If an allergic reaction or ingestion of allergen is suspected: Call the office or 911 immediately.**
- **Allergic reactions can be caused by cross contamination or ingestion.**

Trained school staff must administer emergency medications immediately.

Ask for help from other staff members.

Signs and Symptoms of an Allergic Reaction:

May include any of the following:

Skin-	Hives only in the areas of food contact, itching and swelling only around the face or lips.
	Wide spread hives and flushing, widespread swelling
Mouth-	Swelling of the tongue
Throat-	Itching, tightness in the throat, hoarseness, or hacking cough.
Gastro-	Vomiting, nausea, cramps, diarrhea
Lungs-	Repetitive coughing, wheezing, trouble breathing
Heart-	Rapid heart rate, lightheadedness and dizziness

- **The severity of symptoms can change quickly.**
- **All above symptoms can potentially progress to a life threatening situation.**

Child Specific Plan Needs: _____

*This medical information can be shared with staff “who need to know”