

*Chagrin Falls Exempted Village Schools*

Dear Parent,

*Office of Pupil Services*

As a district we are committed to insuring that we are proactive in addressing the needs of students who have medical conditions that may result in emergency situations. In order to increase the consistency of service provision across the district, we have redesigned our procedures for documenting student needs.

In order to address the medical needs of your child while at school, please complete the enclosed form(s) indicated below. These forms may be returned to your child's school, attention to Julie Gosnell, School Nurse, or to the Pupil Services Office at 400 East Washington Street during the summer. **We are interested in having all forms received prior to the start of school in August in order to ensure that we are prepared to meet the needs of each student on the first day of school.** As in the past, you will need to personally deliver your child's medication, in its original container, to your child's school in August.

- Request for the Administration of Medication by School Personnel
- Emergency Health Care Action Plan - Allergy Alert
- Self-Administration Form for Anaphylaxis Medication
- Emergency Health Care Action Plan - Asthma Alert
- Self-Medication for Asthma Inhaler
- Emergency Health Care Action Plan - Medical Alert
- Emergency Health Care Action Plan - Diabetes Alert

If your child participates in extracurricular or after-school activities, we encourage you to provide the activity coordinator with a copy of your child's medical forms, medication, and appropriate training. We will be happy to provide copies of the documents for you to share with the providers if requested. It is the responsibility of parents/guardians to make the supervisory personnel of extracurricular/outside school activities aware of your child's needs. We are not able to provide access to your child's medication from the clinic for these activities as we must insure that it is available at all times to school personnel in a consistent, easily accessible location.

Please also be aware that transportation personnel are alerted to the life-threatening medical needs of students and provided training regarding how to recognize symptoms. Bus drivers are instructed to request assistance of emergency medical personnel immediately in the event of an emergency. All of our transportation vehicles are equipped with two-way communication devices.

If you have any questions or concerns regarding the information presented here, please feel free to contact me at 44/247-4564. If you would like to speak with Julie Gosnell, the school nurse, regarding specific information about your child's medical needs, you may leave a message for her with the Pupil Services Secretary, Joanne Lynch, at 440/247-4564. Hope you have an enjoyable summer and we look forward to working with you next school year.

**Information for Parents of Students with Life-Threatening Allergies**

If your child has a known life-threatening allergy, you should also find enclosed our Guidelines for Managing Students with Known Life-Threatening Allergies and a blank Allergy Exposure Prevention Form. These Guidelines are based upon those developed collaboratively by the Food Allergy and Anaphylaxis Network, the National Association of School Nurses, the National School Boards Association, the American Food Service Association, and the National Association of Elementary School Principals. Although we recognize that it is virtually impossible to entirely eliminate the risk of exposure to an allergen within a public setting, the Allergy Exposure Prevention Plans are intended to reduce the likelihood of potential exposure.

The Allergy Exposure Prevention Plan lists potential recommendations to reduce exposure. Please indicate which precautionary measures you would like us to implement for your child. The completed Allergy Exposure Prevention Plan may be returned to your child's school, attention to Julie Gosnell, School Nurse, or to the Pupil Services Office at 400 East Washington Street during the summer.

Sincerely,

Christine A. Jackson, Ph.D.  
Director of Pupil Services

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Christine A. Jackson, Ph.D.  
Director of Pupil Services

**ALLERGY ALERT**

<i>Chagrin Falls Exempted Village Schools Emergency Health Care Action Plan</i>	<b>Student</b>
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**ALLERGY TO:**

<b>DOB</b>	<b>TEACHER</b>
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<p><b>ASTHMATIC:</b> <input type="checkbox"/> Yes*   <input type="checkbox"/> No   * Indicates High Risk for Severe Reaction</p> <p align="center"><b>SIGNS OF AN ALLERGIC REACTION INCLUDE:</b></p> <p>MOUTH    Itching and swelling of the lips, tongue, or mouth          THROAT*   itching and/or a sense of tightness in the throat, hoarseness, or hacking cough          SKIN        hives, itchy rash and/or swelling about the face or extremities          GUT         nausea, vomiting, and/or diarrhea          LUNG*      shortness of breath, repetitive coughing, and/or wheezing          HEART*     "ready" pulse, "passing out"</p> <p>The severity of symptoms can quickly change.          All above symptoms can potentially progress to a life-threatening situation!</p>	Place Student's Picture Here
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**ACTION - To Be Completed By Physician - Include Medication and Care Instructions**

If exposure is suspected: progress with treatment in the following order:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

If any of above allergic reaction signs are present progress with treatment in the following order:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

**PHYSICIAN - PLEASE INCLUDE ACCESS TO MEDICATION AND REACTION SEVERITY INFORMATION**

<input type="checkbox"/> Accessible at all times in clinic. <input type="checkbox"/> Accessible during field trips. <input type="checkbox"/> Attached self-administration form.* * Requires parental provision of multiple doses	Degree of Reaction Severity    (low) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4   (high) Due to severity, student requires <i>immediate</i> access in the following area(s): <input type="checkbox"/> cafeteria * <input type="checkbox"/> recess * <input type="checkbox"/> classroom *
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<b>Physician's Printed Name</b>	<b>Physician Phone</b>
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<b>Physician Signature</b>	<b>Date</b>
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**DO NOT HESITATE TO ADMINISTER ABOVE MEDICATION AND CALL RESCUE SQUAD IN AN EMERGENCY!**

\* If multiple doses are not provided, medication will be available within the office/clinic only to insure ready access.

<b>Parent/Guardian Signature</b>	<b>Date</b>
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Emergency Contacts			
Name	Relationship	Phone	Cell Phone
	Mother / Guardian		
	Father / Guardian		

**Trained Staff Members - Others not listed may also be trained.**

<b>Classroom(s)</b>	<b>Recess</b>
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<b>Cafeteria</b>	<b>Office</b>
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<i>Chagrin Falls Exempted Village Schools Allergy Exposure Prevention Plan</i>	<b>Student</b>	Place Student's Picture Here
<b>ALLERGY TO:</b>		
<b>DOB</b>	<b>TEACHER</b>	
<p>The items indicated below are recommendations to implement to reduce potential exposure to known allergens. Although it is virtually impossible to entirely eliminate the risk of exposure to an allergen within a public setting, the following preventative measures are encouraged to reduce the risk of potential exposure for this student.</p>		

**RECOMMENDATIONS TO REDUCE POTENTIAL EXPOSURE TO KNOWN ALLERGENS**

**Food Allergies**

- Notify staff of allergy - including substitutes.
- Parent will send alternative snacks/treats.
- Request parents of students in class refrain from sending snacks/treats containing allergen.
- Provide cleaned nut-free table.
- Encourage handwashing.
- Parent will provide lunch from home.
- Parent will have student wear emergency alert bracelet/medal.
- Encourage that teachers consult with nurse regarding food ingredients used in classroom activities.
- Increase awareness of anaphylaxis symptoms.
- Train staff in use of medications indicated on the Emergency Health Care Action Plan.
- Post Care Plan with picture in cafeteria.
- Post Care Plan with picture and physician's orders in clinic.

**Bee Sting Allergy**

- Notify staff of bee sting allergy - including substitutes.
- Parent have student wear emergency alert bracelet/medal.
- Increase awareness of anaphylaxis symptoms.
- Train staff in use of medications indicated on the Emergency Health Care Action Plan.

**Latex Allergy**

- Notify staff of latex allergy - including substitutes.
- Have vinyl gloves available in case of emergency.
- Eliminate balloons in immediate area.
- Parent have student wear emergency alert bracelet/medal.
- Encourage teachers consult with nurse regarding materials potentially containing latex.
- Increase awareness of anaphylaxis symptoms.
- Train staff in use of medications indicated on the Emergency Health Care Action Plan.

Is an Emergency Health Care Action Plan on File for this Student?     Yes     No

School Nurse Signature \_\_\_\_\_ Principal Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ 04/08

***Chagrin Falls Exempted Village Schools***  
***Request for the Administration of Medication by School Personnel***

<p align="center"><b>TO BE COMPLETED BY PHYSICIAN</b></p> <p>The student indicated above is under my care and should receive the medication indicated below. It is not possible to arrange for this medication to be taken at home under the supervision of a parent, and therefore, must be taken during school hours.</p>	<b>Student</b>
	<b>Homeroom Teacher</b>
	<b>Date of Birth</b>

**Address:**

**City/State/Zip Code:**

<b>Name of Medication:</b>	
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<b>Dosage:</b>	
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<b>Number of Times or Interval Medication is to be given:</b>	
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<b>Date to Begin Administration:</b>	
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<b>Date to End Administration:</b>	
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<b>Adverse reactions that should be reported to Physician:</b>	
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<b>Special instructions for the administration of medication:</b>	
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<b>Physician's Printed Name</b>	<b>Phone</b>
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<b>Physician Signature</b>	<b>Date</b>	<b>Fax</b>
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**TO BE COMPLETED BY PARENT/GUARDIAN**  
**Parent Contact Information**

<b>Name</b>	<b>Relationship</b>	<b>Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>
	Mother / Guardian			
	Father / Guardian			

The parent/guardian(s) agree to submit a revised statement by the physician who prescribed the drug to the person designated to administer medication if any of the information provided by the person licensed to prescribe medication as described above changes.

<b>Parent/Guardian Signature</b>	<b>Date</b>
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**Chagrin Falls Exempted Village Schools  
Self-Administration for Anaphylaxis Medication - Authorization Form**

**TO BE COMPLETED BY PHYSICIAN**

The student indicated above is under my care and should be given consideration to carry and self-administer the medication prescribed below. It is not possible to arrange for this medication to be taken at home under the supervision of a parent, and therefore, must be taken during school hours.

Student

Homeroom Teacher

Date of Birth

Address:

City/State/Zip Code:

Name of Medication:

Dosage:

Date to Begin Administration:

Date to End Administration:

Adverse reactions that should be reported to Physician:

Adverse reactions for unauthorized user:

Procedure to follow in the event that student requires use of medication:

Other special instructions:

As the prescriber, I have determined that this student is capable of possessing and using this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector.

Physician's Printed Name

Phone

Physician Signature

Date

Fax

**TO BE COMPLETED BY PARENT/GUARDIAN**

**Parent Contact Information**

Name	Relationship	Phone	Work Phone	Cell Phone
	Mother / Guardian			
	Father / Guardian			

The parent/guardian(s) agree to submit a revised statement by the physician who prescribed the drug to the person designated to administer medication if any of the information provided by the person licensed to prescribe medication as described above changes. As the parent/guardian of this student, I authorize my child to possess and use an epinephrine autoinjector, as prescribed at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. **I will provide a backup dose of the medication to the school principal or nurse as required by law.**

Parent/Guardian Signature

Date

Copies: School Nurse  
Pupil Services  
Parent

*Chagrin Falls Exempted Village Schools*  
*Guidelines for Managing Students with Known Life-Threatening Allergies*

**Allergies can be life threatening. The risk of accidental exposure to allergens can be reduced in the school setting if schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for allergic students.**

These Guidelines were designed to model the *The Guidelines for Managing Students with Food Allergies* developed collaboratively by the following organizations:

*The Food Allergy & Anaphylaxis Network*

*National School Boards Association*

*National Association of School Nurses*

*American School Food Service Association*

*National Association of Elementary School Principals*

***Parent's/Guardian's Responsibility:***  
**Guidelines**

**Implementation Suggestions**

Notify the school of the child's life-threatening allergies prior to the start of the school year or as soon they become known.

Emergency Medical Authorization Form

Work with the school team to develop a plan that accommodates the child's needs throughout the school including in the classroom, in the cafeteria, in aftercare programs, during school-sponsored activities, and on the school bus, as well as an Emergency Health Care Action Plan prior to the start of the school year.

Allergy Exposure Prevention Plan  
 Emergency Health Care Action Plan

Provide written medical documentation, instructions, and medications as directed by a physician. Include a photo of the child on written form.

Emergency Health Care Action Plan  
 Medication Administration Form

Provide properly labeled medications and replace medications after use or upon expiration.

Nurse maintains Medication Checklist

Educate the child in the self-management of their allergy including:

- \*safe and unsafe foods/materials
- \* strategies for avoiding exposure to unsafe foods/materials/insects
- \* symptoms of allergic reactions
- \* how and when to tell an adult they may be having an allergy-related problem
- \* how to read food/material labels (age appropriate)

Please consult your physician or the school nurse/food service director for additional ideas to help educate your child.

Review policies/procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.

Medical Review Meeting after reaction.

Provide emergency contact information.

Emergency Health Care Action Plan

***Student's Responsibility:***

Should not trade food with others if known food allergy exists.

Should not eat anything with unknown ingredients or known to contain any allergen.

Should be proactive in the care and management of their allergies and reactions based on their developmental level.

Should notify an adult immediately if they eat or come in contact with something they believe may contain the substance to which they are allergic.

Please consult your physician or the school nurse/food service director for additional ideas to help educate your child.

<b><i>School's Responsibility:</i></b> <b>Guidelines</b>	<b>Implementation Suggestions</b>
Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, HIPPA and FERPA and any state laws or district policies that apply.	Section 504 Plan can be developed referring to the Allergy Exposure Prevention Plan and the Emergency Health Care Action Plan, Need for student safety often requires notification/training of wide variety of staff members.
Review the health records submitted by parents and physicians.	School Nurse reviews health records.
Include allergic students in school activities.	School Nurse available to consult regarding field trips, class projects, etc.
Students should not be excluded from school activities solely based on their allergy.	Federal law prohibits discrimination - Director of Pupil Services is the District Compliance Officer.
Identify a core team consisting of the school nurse, teacher, principal, school food service and nutrition manager/director (if indicated), and counselor (if appropriate) to work with parents and the student (age appropriate) to establish a prevention plan.	Develop Allergy Exposure Prevention Plan prior to start of school year or upon notification by parent of life-threatening allergy.
Assure that all staff who interact with the student on a regular basis understand allergy, can recognize symptoms, know what to do in an emergency, and will work with other school staff to eliminate the use of known allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives.	Documented Staff Training Record on Emergency Health Care Action Plan
Practice the Emergency Health Care Action Plans before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.	Drill component to training.
Coordinate with the school nurse to be sure medications are appropriately stored, and be sure that an emergency kit is available that contains a physician's standing order for epinephrine. Ensure medications are kept in a easily accessible secure location central to designated school personnel, not in locked cupboards or drawers.	Locations recorded on Allergy Exposure Prevention Plan. Nurse Medication Checklist.
Students should be allowed to carry their own epinephrine, if age appropriate after approval from the students physician/clinic, parent and school nurse, and allowed by state or local regulations.	Individual determination made in consultation with physician, school, and family as appropriate. If determined appropriate, Medication Self-Administration form must be completed by physician.
Designate school personnel who are properly trained to administer medications in accordance with the State Nursing and Good Samaritan Laws governing the administration of emergency medications.	Record Trained Personnel on Emergency Health Care Action Plan and/or Staff Training List.

<b><i>School's Responsibility:</i></b> <b>Guidelines</b>	<b>Implementation Suggestions</b>
Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day regardless of time or location.	Record Trained Personnel on Emergency Health Care Action Plan and/or Staff Training List.
Review policies/prevention plan with the core team members, parents/guardians, student (age appropriate), and physician after a reaction has occurred.	Medical Review Meeting after reaction.
Work with the district transportation administrator to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.	Documented Training.  Record Trained Personnel on Emergency Health Care Action Plan and/or Staff Training List.
Recommend that all buses have communication devices in case of an emergency.	All transportation vehicles equipped with communication devices.
Enforce a "no eating" policy on school buses with exceptions made only to accommodate special needs under federal or similar laws, or school district policy.	Students are generally not permitted to eat on the busses. Specific restrictions can be made on an individual basis if required.
Discuss appropriate management of allergy with family.	School Nurse and/or Food Service Director available to consult with family.
Discuss field trips with the family of the allergic child to decide appropriate strategies for managing the allergy.	School Nurse and/or Food Service Director available to consult with teachers and family. Information also included within Emergency Health Care Action Plan and Allergy Exposure Prevention Plan.
Follow federal/state/district laws and regulations regarding sharing medical information about the student.	Need for student safety often requires notification/training of wide variety of staff members. Shared information can be limited to the Allergy Exposure Prevention Plan and Emergency Health Care Action Plan.
Take threats or harassment against an allergic child seriously.	No bullying or harassment is tolerated. Report any concerns immediately to school personnel.