

EXCELLENCE TODAY FOR TOMORROW

Rose Tree Media School District

308 North Olive Street Media, Pennsylvania 19063-2493 Telephone 610.627.6000

www.rtmsd.org

Frances K. Garner, Ed.D. Director of Student Services

Joseph Meloche, Ed.D. Superintendent of Schools

Date:	
Dear Parent/Guardian:	
The health care forms you submitted forhas a potentially life-threatening allergy.	indicate that she/he

The school requires your cooperation in supplying the following:

- 1) A completed Allergy Management Checklist from your health care provider when school accommodations are necessary.
- 2) A completed Allergy and Anaphylaxis Emergency Plan from your health care provider with instructions the school is to follow in the event your child experiences an allergic reaction while at school.
- 3) Please sign the parent/guardian permission section at the bottom of the Allergy and Anaphylaxis Emergency Plan and complete the back page of the form.
- 4) If your child will be carrying medication (i.e. an EpiPen, Auvi-Q, or generic epinephrine auto injector) to self-administer in the event of an allergic reaction, please have your health care provider check the appropriate box on the Allergy and Anaphylaxis Emergency Plan.
- 5) Parent/guardian are to provide Epinephrine (such as an EpiPen, Auvi-Q, or generic epinephrine auto injector), or other medications, such as Benadryl, if necessary, for treatment of an allergic reaction.

Your prompt attention to the above matter is essential if we are to safely care for your child while at school. Please provide the above information to the school nurse by the first week of school, If you have any questions, feel free to contact your child's school nurse.

Sincerely,

Frances K. Garner, Ed.D. Director of Student Services

Glenwood School Nurse Phone/Fax: 610-627-6903

Rose Tree School Nurse Phone/Fax: 610-627-7228 Indian Lane School Nurse Phone/Fax: 610-627-7104

Springton Lake School Nurse Phone: 610-627-6512/Fax: 610-627-

Media School Nurse Phone/Fax: 610-627-6805

Penncrest School Nurse

Phone: 610-627-6213/Fax: 610-627-6401



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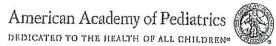
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ALLERGY MANAGEMENT CHECKLIST

Stude	nt's Name:	Date of Birth:
	Allergen aware area is n Child must carry Epinepl	on bus is not necessary; child will self-limit ot required, but child must sit in front area of bus arine on the bus in his/her backpack
Classi	room Accommodatio	ns:
	Monitoring of allergens Allergen aware area is Allergen aware area is Allergen aware classroo	is not necessary; child will self-limit not required, and child may share pre-approved Allergen aware snacks not required, but child must eat only food provided by parent/guardian om is required (This choice makes an Allergen aware cafeteria area mandatory)
	Allergen aware area is no	n cafeteria is not necessary; child will self-limit ot required, but child must not share food <u>area is required</u> (This choice makes an Allergen aware classroom area mandatory)
	Monitoring of allergens of Child should remain we provided by parent/gu	n field trips is not necessary; child will self-limit; Parent will review menu for safe foods. In field trips is not necessary, but child must eat only food provided by parent/guardian ith teacher or parent/guardian during the entire field trip and must eat only food
Physic	an's Printed Name: an's Signature	Date
Physici	an's Office Stamp:	

Allergy and Anaphylaxis Emergency Plan



Child's name:Da	te of plan:	
Date of birth:// Age Weight:	kg	Attach
Child has allergy to		child's photo
Child has asthma. Child has had anaphylaxis. Child may carry medicine. Child may give hlm/herself medicine. IMPORTANT REMINDER Anaphylaxis is a potentially life-threating, severe allergic in the child has asthma. Yes I No (If yes, high in the child has a potentially life in the child has a potentially life. Yes I No (If yes, high in the child has a potentially life. Yes I No (If yes, high in the child has a potentially life. Yes I No (If yes, high in the child has had anaphylaxis in the child has had anaphylaxis. Yes I No (If yes, high in the child has had anaphylaxis. Yes I No (If yes, high in the child has had anaphylaxis. Yes I No (If yes, high in the child has had anaphylaxis. Yes I No (If yes, high in the child has had anaphylaxis.)		*************************************
For Severe Allergy and Anaphylaxis What to look for	Give epinephrine! What to do	
If child has ANY of these severe symptoms after eating the food or having a sting, give epinephrine. Shortness of breath, wheezing, or coughing Skin color is pale or has a bluish color Weak pulse Fainting or dizziness Tight or hoarse throat Trouble breathing or swallowing Swelling of lips or tongue that bother breathing Vomiting or diarrhea (if severe or combined with other symptoms) Many hives or redness over body Feeling of "doom," confusion, aftered consciousness, or agitation SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): Even if child has MILD symptoms after a sting or eating these foods, give epinephrine.	 Inject epinephrine right awayl epinephrine was given. Call 911. Ask for ambulance with epine Tell rescue squad when epin Stay with child and: Call parents and child's docte Give a second dose of epine get worse, continue, or do no minutes. Keep child lying on back. If the trouble breathing, keep child side. Give other medicine, if prescrik medicine in place of epinephrine. Antihistamine Inhaler/bronchodilator 	ephrine. ephrine was given. or. ohrine, if symptoms t get better in 5 ne child vomits or has lying on his or her
For Mild Allergic Reaction What to look for If child has had any mild symptoms, monitor child. Symptoms may include: • Itchy nose, sneezing, itchy mouth • A few hives • Mild stomach nausea or discomfort Medicines/Doses	Monitor child What to do Stay with child and: • Watch child closely. • Give antihistamine (if prescribe • Call parents and child's doctor. • If more than 1 symptom or symallergy/anaphylaxis develop, us "For Severe Allergy and Anaph	ptoms of severe se eplnephrine. (See ylaxis.")
Epinephrine, intramuscular (list type):	Dose: ☐ 0.10 mg (7.	5 kg to less than 13 kg)*
5- 	☐ 0.30 mg (25	-ку-ю-юза-тлап-25-ку) ka or more)
Antihistamine, by mouth (type and dose):Other (for example, inhaler/bronchodilator if child has asthma): _	(*Use 0.15 mg. if 0	.10 mg is not available)
	hysician/HCP Authorization Signa	ture Date

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Allergy and Anaphylaxis Emergency Plan



Child's name:	Date of plan:
Additional Instructions:	
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Contacts	
Call 911 / Rescue squad:	
Doctor:	Phone:
1	
Parent/Guardian:	Phone:
Parent/Guardian:	Phone:
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Other Emergency Contacts	
Name/Relationship:	Phone:
Name/Relationship:	Phone:
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