

ST. MARY CATHOLIC SCHOOL

Student Allergy Emergency Plan

Student: _____ Grade: _____

Teacher: _____ Date: _____

1. Medical documentation of anaphylactic allergy reaction provided, including a list of allergy triggering foods.

2. Planned Interventions:

Epipen(s) and other prescribed medication(s) provided to school for student along with signed Medication Permission Slip(s).

Emergency plan developed by school administration in conjunction with parent, and given to all necessary staff.

Awareness training provided for all building staff involved with student including teachers, specials teachers, aides, food and nutrition staff, transportation, etc.:

Provision for notification of substitute teacher(s):

Provision of allergy free foods/environment:

Provision for field trips including cell phone on trip:

Provision for school events involving food:

Provision for transportation:

_____ Parent(s)Guardian(s) and St. Mary School agree to make best efforts to follow this plan, and they agree to communicate at regular intervals regarding whether this plan is succeeding and whether the plan should be modified to make it more effective.

_____ Parent(s)Guardian(s) and St. Mary School further agree that this plan is not a contract, and that no liability will arise as the result of actions or inactions, or communications or lack of communications, by the School or any teacher, employee, or volunteer of the School who seeks in good faith to proceed properly with regard to this allergy-related situation.

Principal _____ Date of Review: _____