**FLORIDA DEPARTMENT OF HEALTH IN MIAMI-DADE**

**SCHOOL HEALTH PROGRAM**

## ROLES AND RESPONSIBILITIES: SEVERE ALLERGIES

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_**

**Parent/Guardian & Phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SEVERE ALLERGY ACTION PLAN:** Follow the attached physician action plan.

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| **School Responsibilities/Agreements** | **Family Responsibilities/Agreements** | **Student Responsibilities/Agreements** |
| 1. Epinephrine auto injector Kept:

Staff authorized to administer epinephrine auto injector **(review plan, recognize symptoms and respond):** | 1. Provide medication for school site/replace any expired medication. **Exp. Date**: \_\_\_\_\_\_\_\_ | 1. Report any signs/symptoms |
| 1. Staff to administer medications per MDCPS training:
 | 2.Keep school staff informed of any changes in student condition or medications | 2. Do not trade food with others |
| 1. Staff to contact 911/parent/guardian:
 | 3. Available to accompany student on field trip and carry the epinephrine auto injector (complete school volunteer form).Alternate for parent/guardian (complete volunteer form): | 3. **If applicable**, carry epinephrine auto injector as directed by physician. |
| 1. Staff to direct EMS to the emergency
 | 4**. (Severe Food Allergies)** Provide all meals/snacks for student |  |
| 1. CPR certified staff:
 | 5. **If applicable**, check student is carrying epinephrine auto injector as directed by physician |  |
| 1. Prevention at school site:

School grounds: Control of insectsContact MDCPS Safety, Environment, Hazards ManagementCafeteria: \_\_\_\_\_\_\_\_\_\_\_ free table or clean table with single use paper towel with MDCPS approved cleanser. Cafeteria Manager:Teacher/paraprofessional to carry school two- way radio |  |  |
| 1. Substitute teacher instructions:
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 Parent/Guardian Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Principal or School Administration Designee Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School Nurse Date