



NON-LIFE THREATENING FOOD ALLERGY AND FOOD INTOLERANCE MANAGEMENT PLAN

STUDENT NAME: _____ GRADE: _____

SCHOOL: _____

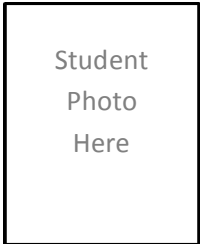
FOOD ALLERGIES: _____

Reaction Symptoms: _____

_____ Diet Order Received

_____ Special Diet Request: School Breakfast: _____ YES _____ NO School Lunch: _____ YES _____ NO

Additional Special Diet Notes: _____



RESPONSIBILITIES

PARENT/GUARDIAN

_____ Initial Meeting: Provide School Nurse with initial diet order from recognized medical authority which indicates food allergy, reaction severity and foods to avoid.

_____ Subsequent Yearly Meetings: Provide Cafeteria Manager with subsequent annual, updated diet order from recognized medical authority which indicates food allergy, reaction severity and foods to avoid. Unless changing schools or new allergy/intolerance, then contact School Nurse.

_____ School Activities: Notify school-sponsored activity director/s of the student's food intolerance.

_____ Snacks: Responsible for providing student with snacks if he/she cannot eat a shared food item brought to class.

_____ Special Diet Preparation Period: Responsible for providing student's breakfast/lunch at school until food accommodations with Nutrition Services/Cafeteria can be implemented. Implementation Date: ____/____/____

_____ Parents are encouraged to work with Nutrition Services to preview ingredient labels.

NURSE

_____ Coordinate initial meeting between Multidisciplinary Team and parent.

_____ Keep copy of Diet Orders and Management Plans in easily accessible location within nurse office.

NUTRITION SERVICES/CAFETERIA

_____ Organize subsequent annual meetings between parent/guardian and cafeteria manager.

_____ Diet Order: Keep copies and provide School Nurse with updated Diet Orders and Management Plan

_____ Kitchen: Be prepared to discuss menus (breakfast, lunch, after-school snack); ingredients; a la carte items; recipes; food products; food handling practices; food labels; cleaning and sanitation practices.

_____ Serving Line: Establish a daily system to notify cafeteria staff on the serving line of student's food intolerance.

_____ Daily System:

CLASSROOM TEACHER/STAFF

_____ Keep copy of Management Plan in substitute teacher folder.

_____ Work with nurse/cafeteria manager to identify/address certain ingredients in classroom food tastings, party foods, snacks.

PERMISSION

I give permission for my child to be photographed. His/her photo will be discreetly posted in cafeteria kitchen, nurse file and teacher substitute folder. I also give my permission for the school nurse and trained school personnel to follow this plan and contact my provider, if necessary and share the above information with school staff as needed.

Parent/Guardian

Phone # Date

Nutrition Services Cafeteria Manager

Phone # Date

Nutrition Services Representative Date

School Nurse Date

Teacher Date

Signature Date

Annual Review

Date: _____

Diet Order Expiration Date: (Parent Submit Renewal) ___/___/____

Parent Signature

Cafeteria Manager Signature

Notes: _____

Date: _____

Diet Order Expiration Date: (Parent Submit Renewal) ___/___/____

Parent Signature

Cafeteria Manager Signature

Notes: _____

Date: _____

Diet Order Expiration Date: (Parent Submit Renewal) ___/___/____

Parent Signature

Cafeteria Manager Signature

Notes: _____

Date: _____

Diet Order Expiration Date: (Parent Submit Renewal) ___/___/____

Parent Signature

Cafeteria Manager Signature

Notes: _____

Date: _____

Diet Order Expiration Date: (Parent Submit Renewal) ___/___/____

Parent Signature

Cafeteria Manager Signature

Notes: _____

