

Food Allergy Guidelines

1. Cross Lutheran School strives to provide a safe learning environment, but it is necessary for everyone to understand that an ALL ALLERGEN-FREE environment is impossible to achieve, and to expect it, is to harbor a false sense of security.
2. Each student/family is treated individually to maintain the least restrictive environment for a student with a food allergy or food sensitivity. The parents/guardians will initiate a meeting with the classroom teacher before the first day of school to establish individual guidelines. The Cross Lutheran Health Care Plan, Prescription Medication Permission Form, and FARE Food Allergy & Anaphylaxis Emergency Care Plan will all be completed prior to and shared at the teacher/parent meeting and also be on file at Cross.
3. Due to the student privacy policies, Cross Lutheran cannot divulge to families who has a food allergy/sensitivity. However, the classroom teacher will inform families of all such food allergies/sensitivities that exist in the classroom.
4. Cross Lutheran Preschool students eating in the classroom will be provided with a TREE NUT and PEANUT FREE table, if needed.
5. PS-8th grade classrooms at Cross Lutheran will be free of actual PEANUTS and TREE NUTS, and labeled as such! In the event that students need to eat lunch in the classroom, every effort will be made by the teacher/school to notify all students to bring a PEANUT and TREE NUT free lunch.
6. When the following special events occur, this is how they will be addressed:

SPECIAL TREATS: The Crusader will inform parents of what allergy friendly versions of that treat will be available.

CLASS CURRICULUM EVENTS: (Class cooking projects, Teacher birthday parties, Fruit of the Spirit Celebration, etc.) Individual classroom teachers will accommodate known food allergies/sensitivities within that class.

CELEBRATORY EVENTS: (School open house, Muffins with Mom, Donuts with Dad, etc.) Cross staff will accommodate known food allergies/sensitivities to the best of their ability.

CLASS PARTIES: Below is the list of Cross Lutheran approved foods that can be brought for class parties. Any foods NOT on this list will be sent back home.

BIRTHDAY TREATS: Edible birthday treats will NOT be allowed during regular school hours. In lieu of birthday treats, donations towards a special yearly mission project may be made or sharing an item such as stickers, pencils, erasers, etc. may be done.

Approved Food List For All School Parties

Buy only name brands as many generic brands are not safe.

| | |
|--|---|
| <u>Fruit</u> | <u>Sweet Treats</u> ***SEE GLUTEN FREE SUBSTITUTES |
| Fresh | Jell-O |
| Apple Sauce | Vanilla Oreo Cookies (Original)*** |
| Fruit Cups | Chocolate Oreo Cookies (Original)*** |
| Raisins | Enjoy Life Cookies |
| Craisins | Made Good Krispie Square |
| Dried Fruit | Betty Crocker Fruit By The Foot |
| | Kellogg's Fruit Snacks |
| <u>Vegetables</u> | Campfire Brand Marshmallows |
| Fresh | Dum Dum Pops |
| | Haribo Gummy Bears |
| <u>Crackers/Cereal</u> ***SEE GLUTEN FREE SUBSTITUTES | Starburst |
| Ritz Crackers*** | Skittles |
| Nabisco Saltines*** | Swedish Fish |
| Nabisco Wheat Thins | Smarties |
| Honey Maid Graham Crackers (original)*** | |
| Chex Cereal (Corn or Rice) | <u>Drinks</u> |
| Cheerios Cereal | 100% Apple Juice |
| Kix Cereal | 100% Grape Juice |
| Lucky Charms Cereal | Country Time Lemonade |
| | |
| <u>Pretzels/Chips/Popcorn</u> | |
| Rold Gold Pretzels | |
| Sensible Portions Veggie Straws | |
| Sensible Portions Veggie Wavy Chips | |
| Lays Regular or Wavy Chips | ***THESE ARE GLUTEN FREE SUBSTITUTES ONLY; NOT SAFE FOR ALL OTHER ALLERGENS! |
| Lays Frito Chips | SUBSTITUTE FOR VANILLA OREOS: Glutino Brand |
| Skinny Pop Popcorn | SUBSTITUTE FOR CHOCOLATE OREOS: Glutino Brand |
| Skinny Pop Popcorn Rice Cakes | SUBSTITUTE FOR RITZ CRACKERS: Lance Baked Original |
| Quaker Rice Cakes | SUBSTITUTE FOR NABISCO SALTINES: Schar Table Crackers |
| | SUBSTITUTE FOR HONEY MAID GRAHAMS: Kinnikinnick Graham Crackers |



Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No



NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

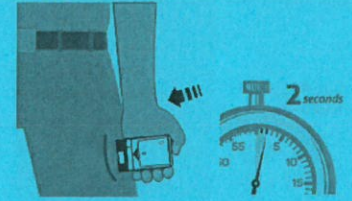
Other (e.g., inhaler-bronchodilator if wheezing): _____



HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.

3



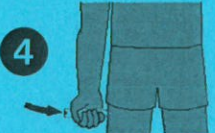
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

3



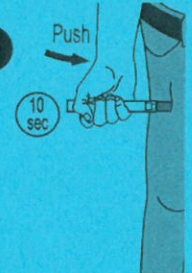
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HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.

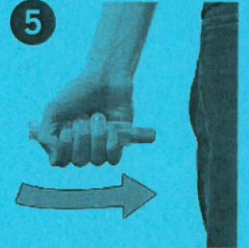
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HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.

5



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

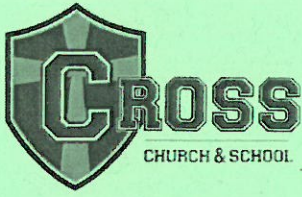
Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____
 DOCTOR: _____ PHONE: _____
 PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____
 NAME/RELATIONSHIP: _____ PHONE: _____
 NAME/RELATIONSHIP: _____ PHONE: _____



Health Care Plan

For Allergies, Dietary Restrictions, and Chronic Conditions

Child's Name: _____ Teacher: _____

Please complete this document if your child has a food allergy, a medical dietary restriction (such as celiac disease or lactose intolerance), or a chronic medical condition that requires special consideration during his/her attendance at School.

Food Allergy or Medical Dietary Restriction

Please list any food that causes your child to have an allergic reaction or that triggers your child's medical condition. Describe what medication should be administered in an emergency.

| Food | Forms Restricted | Extent of Allergy | Possible Reaction | Medication* |
|------|--|--|-------------------|-------------|
| | <input type="checkbox"/> Uncooked <input type="checkbox"/> Cooked <input type="checkbox"/> In processed food <input type="checkbox"/> Other (specify) <input type="checkbox"/> _____ | <input type="checkbox"/> Ingestion <input type="checkbox"/> Tactile <input type="checkbox"/> Olfactory <input type="checkbox"/> Other (specify) <input type="checkbox"/> _____ | | |
| | <input type="checkbox"/> Uncooked <input type="checkbox"/> Cooked <input type="checkbox"/> In processed food <input type="checkbox"/> Other (specify) <input type="checkbox"/> _____ | <input type="checkbox"/> Ingestion <input type="checkbox"/> Tactile <input type="checkbox"/> Olfactory <input type="checkbox"/> Other (specify) <input type="checkbox"/> _____ | | |
| | <input type="checkbox"/> Uncooked <input type="checkbox"/> Cooked <input type="checkbox"/> In processed food <input type="checkbox"/> Other (specify) <input type="checkbox"/> _____ | <input type="checkbox"/> Ingestion <input type="checkbox"/> Tactile <input type="checkbox"/> Olfactory <input type="checkbox"/> Other (specify) <input type="checkbox"/> _____ | | |

Check here if additional food allergies or medical dietary restrictions are listed on the back.

Chronic Medical Conditions

Please describe your child's medical condition (such as asthma or diabetes), including symptoms and current treatments.*

*If ANY medication (prescription or non-prescription, including Benadryl) is kept at Cross for possible emergency administration, a health care provider must complete a Medical form.

Parent/Guardian Signature

Date

Additional Food Allergies/Medical Dietary Restrictions

| Food | Forms Restricted | Extent of Allergy | Possible Reaction | Medication* |
|------|---|---|-------------------|-------------|
| | <ul style="list-style-type: none"> <input type="radio"/> Uncooked <input type="radio"/> Cooked <input type="radio"/> In processed food <input type="radio"/> Other (specify) <input type="radio"/> _____ | <ul style="list-style-type: none"> <input type="radio"/> Ingestion <input type="radio"/> Tactile <input type="radio"/> Olfactory <input type="radio"/> Other (specify) <input type="radio"/> _____ | | |
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| | <ul style="list-style-type: none"> <input type="radio"/> Uncooked <input type="radio"/> Cooked <input type="radio"/> In processed food <input type="radio"/> Other (specify) <input type="radio"/> _____ | <ul style="list-style-type: none"> <input type="radio"/> Ingestion <input type="radio"/> Tactile <input type="radio"/> Olfactory <input type="radio"/> Other (specify) <input type="radio"/> _____ | | |
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