



"We Inspire and
Empower Learners"

NSG-200E
Rev. 01-2016

NORTH ROYALTON CITY SCHOOLS

Request for Additional Information Concerning Food Allergy

Dear Parent/Guardian:

If your child has a **life-threatening** food allergy requiring emergency medication (i.e.: Epinephrine Auto-injector and/or Benadryl), please forward the following items to the school:

- A current small picture of your child until we are able to photograph him or her. The picture will be placed on his or her Emergency Allergy Plan so that staff can recognize and identify your child.
- A signed Emergency Allergy Plan (attached) from both you and your child's physician with instructions the school is to follow in the event of an allergic reaction in school.
- Two Epinephrine pens (EpiPen), if prescribed and/or other medication such as Benadryl to be used if an allergic reaction occurs. Students are permitted to carry their own emergency medication if authorized by the physician, parent/guardian, and the school. ***Children who carry their own emergency medication MUST have the appropriate documents on file in the school clinic. AND back up dose on file in clinic.** (For those students who are not permitted to carry the medication, it will be located in the clinic and readily available should the need occur).

If your child's allergy is NOT life-threatening and does NOT require emergency medication, please complete and return the Notification of Non-Emergent Food Allergy form (attached) with a physician's signature. (A physician's note declaring the medical/dietary needs, food(s) to be omitted, and food(s) to be used as substitutions will also be accepted). Please remember, food services will NOT be notified until this information is received. Therefore, your child will not receive any food substitutions should they attempt to purchase lunch until the District receives the physician information.

Your prompt attention to this matter is greatly appreciated. If you should have any questions or would like to meet to discuss your child's allergy, please feel free to call me.

Sincerely,

Carolyn Baetjer, R.N., BSN, NCSN
District Health Coordinator
North Royalton City Schools
14709 Ridge Road
North Royalton, Ohio 44133
440.582.9067



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NORTH ROYALTON CITY SCHOOLS

Notification to School of Non-Emergency Food Allergy

Student's Name:	Grade:
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Food Allergy/Intolerance to:

Food(s) to be Omitted	Possible Reactions Student May Experience

Foods to be used as substitutions		

In the event of an exposure and reaction, please do the following:
1.
2.
3.

***Please remember, food services will NOT be notified until this form is received with a physician's signature or a physician's note stating the medical/dietary need, the foods to be omitted, and the foods to be used as substitutions is provided. Therefore, your child will NOT receive any food substitutions, should they attempt to purchase lunch, until the District receives a physician's notification.**

I GIVE PERMISSION FOR SCHOOL PERSONNEL TO FOLLOW THIS PLAN, ADMINISTER MEDICATION (IF ANY) AND CARE FOR MY CHILD AND CONTACT MY PHYSICIAN IF NECESSARY. I ASSUME FULL RESPONSIBILITY FOR PROVIDING THE SCHOOL WITH PRESCRIBED MEDICATION AND DELIVERY/MONITORING DEVICES. I APPROVE THIS ALLERGY PLAN FOR MY CHILD. I ALSO CONSENT TO THE RELEASE OF THE INFORMATION CONTAINED IN THIS PLAN TO ALL STAFF MEMBERS AND OTHER ADULTS WHO HAVE CUSTODIAL CARE OF MY CHILD AND WHO MAY NEED TO KNOW THIS INFORMATION TO MAINTAIN MY CHILD'S HEALTH AND SAFETY.

Parent/Guardian Signature	Parent/Guardian Printed Name	Date
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Home Telephone Number w/Area Code	Work Telephone Number w/Area Code	Cellular Phone Number w/Area Code
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Physician's Signature	Physician's Name Printed
Physician's Phone Number w/Area Code	Date Signed by Physician