

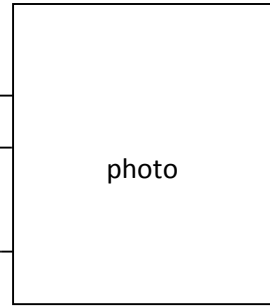
Chagrin Falls Exempted Village Schools – **Food Allergy Exposure Control Plan**

Student Name _____ Grade _____ Teacher _____

Allergic to: _____

Asthmatic: NO _____ YES _____ (higher risk of severe reaction)

Date & description of last reaction: _____



Exposure Control/Prevention Plan - Individual Considerations –Although it is virtually impossible to entirely eliminate the risk of exposure in a public setting, the following exposure control/preventative measures may reduce the risk of potential exposure for this student. Please check all accommodations needed for your child. Contact District Nurse, Pam Hoover, RN @ 330.998.3350 or pam.hoover@chagrinschools.org with questions.

TRANSPORTATION ♦ Bus transportation will be made aware of the student’s allergy. Bus # _____ in AM, _____ in PM
This student carries Epi-pen on the bus: Yes ___ No ___
Epi-pen can be found in: Clinic ___ Backpack ___ Gym bag ___ On person ___ Other _____
Student will sit on the front of the bus: Yes ___ No ___
Other: _____

CLASSROOM ♦ Teachers & subs will be made aware of student’s allergy(s), treatment and prevention plans. ♦ Staff members are not permitted to ‘approve’ food items for students with a food allergy (for example: by reading an ingredient label).

- No Restrictions – student may eat class/party snacks.
- Student **MAY NOT** eat class/party snacks unless written permission from parent is obtained from classroom teacher for special events. Parent/guardian is responsible for providing safe alternative snacks. Parent/guardian encouraged to contact the teacher for information re: anticipated class/party snacks.
- Classroom/art projects should be reviewed by teaching staff to avoid specified allergens, and will consult with parent/guardian with any questions.
- Middle/High school students will be making his/her own decisions.
- Other _____

CAFETERIA ♦ Cafeteria manager and lunch aides will be made aware of the student’s allergy. ♦ Staff members are not permitted to ‘approve’ food items for students with a food allergy (for example: by reading an ingredient label). ♦ Contact Food Service Supervisor, Marti Jacobson, MS RD LD @ 440-247-5500 x4492 or marti.jacobson@chagrinschools.org with questions.

- No Restrictions – student may purchase school lunch and a la carte items from food service.** Parent is responsible for reviewing the menu. (Middle and High School students assumed to self-monitor).
- Student only allowed to purchase food on approved list provided and signed by parent/guardian** after review of menu. *Parent should routinely re-evaluate menu/food options due to possible changes in food service providers, formulations, etc.*
- Student MAY NOT purchase lunch nor a la carte items from food service – may eat ONLY food provided by parent/guardian from home.** Parent/guardian is responsible for providing lunch.
- Student **MUST** sit at a designated Nut Free/Food Allergy table.
- Student may sit where ever he/she chooses. Student should be encouraged to use disposable placemat, available in cafeteria.
- Other _____

Parent/Guardian Signature: _____ Date _____

School Nurse Signature: _____ Date _____