Food Allergy Procedure Packet

| Date | |
|--------------------------|--|
| Dear Parent/Guardian of_ | |

You are receiving this packet because we have received documentation that your child has a food allergy. It is our goal to ensure the safety of your child. While we cannot eliminate the possibility of cross-contamination with food allergies, we have put several provisions in place to help reduce the chances of your child coming in contact with their allergen. Please read through these standard provisions carefully.

Medication:

• Parents may drop off medication to the school nurse at the beginning of the school year. Please do not send medication in with your child. All medication is kept in the health office and must have a doctor's order and parent signature (dated for the current school year) on file. You may use the medication order form attached. Please be advised, a prescription label is not the same as a doctor's order. New York State law does not allow medication to be kept in school or administered without a doctor's order/parent signature on file so please have the attached medication form filled out in its entirety when you drop off your child's medication. You may pick up your child's medication at the end of the school year. We cannot hold medication over the summer months.

Classroom:

- Your child's classroom will become an 'Allergy Awareness Zone'. This means that the teacher has been made aware of your child's food allergy. Parents of students within your child's class will receive a notice at the beginning of the school year stating that there is a child in the class with a food allergy with the specific allergen listed. Your child's name WILL NOT be shared with other parents. This notice will advise parents to try and avoid sending in snacks and party treats containing the listed allergen. This is in an effort to keep the allergen out of your child's classroom. However, we cannot guarantee that other parents will not send in food containing your child's allergen.
- You may provide your child's teacher with a bag of non-perishable snacks and/or party
 treats to be kept in the classroom. In the event homemade goods/other items your child
 cannot safely consume are brought into the classroom for a class party, your child will be
 able to choose one of their favorite treats from their treat bag.

Cafeteria:

- It is preferred that your child bring lunch from home daily because there is always the possibility of cross contamination in the cafeteria.
- If you choose to allow your child to purchase breakfast/lunch from the cafeteria you must sign the included waiver and return it to your building's health office prior to your child purchasing food from school. This includes party treats.
- Within the cafeteria there is 'Allergy Awareness' seating. This area is cleaned separately from the other tables within the cafeteria. We ask that your child eat in these designated areas. If you choose to not have your child sit in these designated areas please sign the included waiver and return it to your building's health office.

School Bus:

 Eating is not allowed on any school bus. If you have a concern and would like your child to sit in the front of the bus as an extra precaution please contact the transportation department (845) 534-8009 ext. 7100.

Field Trips:

- All food consumed on field trips should come from home. Your child's teacher can
 advise you further about what you will need to provide for your child as field trips are
 scheduled. If you need assistance with providing food for your child due to financial
 reasons, please contact the building social worker.
- Trained school personnel are able to carry and administer a student's Epinephrine on field trips to students who have a doctor's order on file. Antihistamines such as Children's Benadryl as well as all other prescription and over-the-counter medications must be administered by a nurse or parent designee (parent designee may not include the teacher) therefore these medications usually stay in the health office and do not accompany students on field trips.

All three elementary school buildings follow the above listed procedures for food allergies. If you feel your child may need additional accommodations you will need to provide documentation from a doctor or hospital stating the date of anaphylaxis, how it occurred, and treatment that was given. Please reach out to your building's nurse if you have any questions.

| WAES | CES | СОН |
|-----------------------------------|-----------|--------------|
| Ext. 3010 | Ext. 2010 | Ext. 1010 |
| Ms. Cowart Ms. Bayne & Ms. Priore | | Ms. O'Connor |

ALLERGY AWARENESS SEATING WAIVER

| Name: | Grade: | Teacher: | | |
|--|--|--|--|--|
| For the health and safety | y of your shild it is prof | perrod that students who have a food allergy to s | | |
| in the 'allergy awareness all allergens, designated | ss' areas of the cafeteria. I allergy awareness areas | Although no area can be guaranteed free from are cleaned separately from the other cafeteria stand that children sitting in them have a food | | |
| Please sign below if you <u>DO NOT</u> want your child to sit in the allergy awareness area and return this document to your building's health office. | | | | |
| If you prefer that you | r child sit in the allergy | aware area you may disregard this form. | | |
| I | give my | child | | |
| permission to sit in area | as that are <u>not</u> designated | as 'allergen aware'. I understand this means d that contains the allergen that my child is | | |
| Parent/Guardian signate | ıre | | | |
| Date | | | | |
| | | | | |
| | | | | |

This document is valid for the current school year only. A new waiver must be completed each school year.

PURCHASING FOOD FROM THE CAFETERIA/CLASSROOM TREATS WAIVER

| Name: | Grade: | Teacher: |
|---|--|---|
| • | · - | that all students with food allergies bring their e stored in the Health Office or classroom. |
| facility' with the alle If you choose to allow please be aware that Your child will not be in the ingredients. He | ergen in question and/or food ow your child to purchase at your child is responsible be allowed to consume food lowever, staff is not responsible memade or if it has a label | addition to that, many food labels read 'made in a d that 'may contain' the allergen in question. food from the cafeteria/consume party treats for knowing what they can and can't have. with a label that specifically states their allergen lible for determining what food your child can that reads 'may contain' the allergen or 'made in |
| - C | <u>-</u> | our building's health office if you would like ne cafeteria and/or consume in class treats. |
| If you prefer that yo form. | our child only consume fo | od sent in from home you may disregard this |
| I | give m | y child |
| | e select from the following 2 | |
| | sume food from the school | |
| | | he classroom by other parents. |
| - | • | o know what they can safely consume. |
| Parent/Guardian sign | nature | |
| Date | | |
| This document is va | alid for the current school | year only. A new waiver must be completed |