



**NAZARETH AREA SCHOOL NURSES**

(The fax goes directly to the nurses office)

HS fax 610-849-0863

MS fax 610-759-3262

Intermediate fax 484-292-1113

Kenneth N. Butz Jr. ES fax 610-849-0866

Lower Nazareth ES fax 610-849-0865

Shafer ES fax 610-849-0862

**Anaphylactic Allergy action plan and dietary needs plan**

Student's name \_\_\_\_\_ Grade \_\_\_\_\_ Date of birth Medication Authorization

(Physician/Psychiatrist/Dentist and Parent/Guardian)

If your child needs to take medicine in school, prescription or \*over-the-counter, the procedure is as follows: The Nazareth Area School District requires a physician's/psychiatrist's/dentist's written order and a parent's/legal guardian's/emancipated student's authorization for the school nurse, or in her/his absence the designee, to administer medications to students in the regular school setting and only in circumstances when the child's health may be jeopardized without it. Written authorization, signed by the physician, psychiatrist, or dentist (original or by fax) and the parent, legal guardian, or emancipated student must be provided for each separate prescription or medication being administered to each student. If dosage is changed, new written authorization is required. Authorization will terminate with the expiration date of the prescription or at the end of the school year, whichever occurs first. If the medication is discontinued, the parent or legal guardian must notify the school nurse in writing. Medication must be delivered to the school nurse by the parent, legal guardian, authorized adult designee or emancipated student in the original medication container. Students are not to have medication in their possession at any time per school district drug and alcohol policy except physician authorized self-administered emergency medications. It will be the responsibility of the parent, legal guardian, or emancipated student to make arrangements for administration of medication during activities away from school. Medication sent to school in violation of this policy will not be administered to a student. **Medication must be in original medication container.**

\*See reverse side for medication name, dose, route and frequency

Physician's name printed \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Signature of Physician/Psychiatrist/Dentist \_\_\_\_\_

Date \_\_\_\_\_

**Authorization by parent/legal guardian/emancipated student**

Name of Student \_\_\_\_\_ is requested to receive the above medication during school hours in order to maintain sufficient health and participation in the school program. We (I) do hereby grant permission for school staff to communicate directly with the physician/psychiatrist/dentist named above. We (I) do hereby release, discharge, and hold harmless NASD, its agents, and employees from any and all liability and claims whatsoever in connection with administration of the above medication to my child. We (I) have read and agree to follow the procedures set forth by the policy and procedure.

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Daytime Phone \_\_\_\_\_

**Medical Statement for Students with Special Dietary Needs**

N/A

The following child is a participant in one of the United States Department of Agriculture (USDA) school nutrition programs.

- USDA regulations 7CFR Part 15B require substitutions or modifications in school program meals for children whose disability restricts their diet and is supported by a statement signed by a licensed physician. Food allergies which may result in a severe, life-threatening (anaphylactic) reaction may meet the definition of "disability."
- The school may choose to accommodate a student with a non-disabling special dietary need that is supported by a statement signed by a recognized medical authority (physician, physician assistant or nurse practitioner).
- The school food authority may choose to make a milk substitution available for students with a non-disabling special dietary need, such as milk intolerance or for cultural or religious beliefs. If the school food authority makes these substitutions available, the milk substitute must meet nutrient standards identified in regulations.

Does the student have a disability that requires the student to have a special diet? \_\_\_\_ Yes \_\_\_\_ No

Describe the disability/diagnosis: \_\_\_\_\_

If student has life threatening allergies, please check when affected: \_\_\_\_ ingestion \_\_\_\_ contact \_\_\_\_ inhalation

If the student is NOT disabled, does he/she have a medically certified special dietary need? \_\_\_\_ Yes \_\_\_\_ No

List Special Diet or Dietary Restrictions: (please be specific regarding foods in their natural form vs. as an ingredient) \_\_\_\_\_

Food Allergies or intolerances: (list specific food(s) to be omitted): \_\_\_\_\_

List Allowable Food Substitutions: \_\_\_\_\_

