

The Perils of Peanuts



By Sally Zentner Schoessler, RN, SNT

Creating a Safe Environment for the Student Who is Allergic to Peanuts and Peanut Products

When a parent comes to a school nurse and says, “My child has a peanut allergy” it’s time for the school nurse to take action. It is vitally important for the school nurse to coordinate the effort to modify the classroom and school environments in order to create a safe educational setting for the child. Any location that may contain peanuts, peanut oils or other peanut products can put an allergic child in a life-threatening situation. Children with peanut allergies who are exposed to the allergen may experience anaphylaxis, a systemic reaction that can include varied symptoms ranging from hives to impairment of the respiratory system. As each child is an individual, each allergic reaction is unique and will not necessarily follow a prescribed pattern. This creates a real challenge for the school nurse, who must carefully plan and advocate for safety accommodations for the allergic student.

Peanut Allergy and Anaphylaxis

Food allergies are becoming increasingly common, and while the most widespread food allergies are related to milk, eggs, shellfish, wheat and soy, the list also includes peanuts and peanut products. Approximately 2 million children are affected by food allergies, according to the American Academy of Allergy, Asthma, and Immunology. It has been estimated that in an elementary school of 500 students, there may be as many as 15 children with a food allergy, and many of these allergies are life threatening.

An allergic reaction occurs when the body detects the presence of a substance that it deems harmful and mounts a reaction to protect the body’s vital organs. The immune system produces antibodies called immunoglobulin E (IgE), which cause mast cells in the body to release histamine. The first time the individual is exposed to the allergen, specific IgE antibodies are produced and attach to the surface of the mast cells. With each successive exposure, the body recognizes the offending food and the body reacts to the perceived threat. Each exposure to the allergen initiates this process, causing each allergic reaction a person experiences to be more severe than the last.

Following exposure to an allergen, the allergic person may experience a localized or systemic reaction to the offending food, depending on where in the body the mast cells release their chemical response. In a localized reaction, there may be some itching, irritated eyes, a runny nose and hives. In a more intense reaction, the child may complain of a burning sensation in the mouth, or they may vomit or have diarrhea. A student with asthma can experience a more pronounced reaction to an allergen. When experiencing a severe systemic allergic reaction, or anaphylaxis, the individual experiences a sudden, extreme, and possible fatal bodily response. The victim may exhibit a tightening of the throat, difficulty swallowing, and report a sense of doom, or lose consciousness. This constitutes a medical emergency and treatment must be initiated immediately.



Anaphylaxis, an allergic reaction affecting various systems of the body, usually happens quickly and requires an immediate response. Careful planning on the part of the school nurse can make a significant impact on the school’s ability to respond to this kind of emergent situation. At the beginning of each school year, the school nurse should be careful to identify students with a peanut or nut allergy, be in close contact with parents, and with their permission, alert teachers and special area staff about the child with this profound allergy. Medication orders from the child’s healthcare provider should be in place for both an antihistamine (Benadryl® being most commonly prescribed) as well as epinephrine (in the form of an EpiPen®). The medication should be easily accessible, and arrangements should be made for these emergency medications to be immediately available to the student in any situation the child may be found in (field trips, playground, cafeteria, or in the absence of the school nurse). Faculty and staff working with the child should be well versed in the signs and symptoms that they may witness that require emergency action and an Emergency Care Plan should be available to provide detailed direction to any staff member responsible for the child.

In the event that a student experiences an allergic reaction, it is important first to remove the student from the source of the allergen, if possible. If emergency medications are needed, it is often recommended that both the Benadryl® and the EpiPen® be given in the initial treatment for anaphylaxis. The epinephrine will provide immediate relief from the most dramatic symptoms, and the antihistamine will provide some protection from a potential “rebound” effect from the allergen over the span of the hours following the initial allergic event. It is of vital importance for the school nurse to access emergency medical services when giving a dose of epinephrine, due to the possible need to repeat the medication in 15 to 20 minutes to provide continued treatment (if the school is located in a rural area or response time of emergency medical services is over 20 minutes, it is recommended that an additional dose of epinephrine be available to protect



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the child). The school nurse also needs to know, in advance, whether or not an ambulance that will respond to the emergency at the school carries epinephrine as a part of their supplies. If they do not, the nurse needs to know to request “advanced life support” while specifying that epinephrine is needed for an anaphylactic reaction.

Delay in delivery of epinephrine is the most common reason for a tragic outcome in the treatment of anaphylaxis at school. A noted allergist once related that if a school nurse begins to think, “I wonder if I should give the EpiPen . . .” the epinephrine should be given before the question is completed! It is critically important to administer emergency medications without delay, and the school nurse must be ready to do so at a moment’s notice. Careful planning to provide a safe environment for the student is the key to avoiding exposure to allergens; however, being prepared to deliver the emergency treatment when needed is necessary to potentially save a child’s life.

Accommodations, Confidentiality and Care Planning

Creating a Safe Classroom

Schools have a responsibility to the community to provide a safe environment in which to grow and learn, and this includes children with a significant food allergy. The first important step is to be sure that the allergic student does not ingest an allergen, and many of these students have been vigilantly taught by their parents to eat only the food they provide to them.

The teacher needs to be aware of the hazards that are present for a student with a peanut or a nut allergy. Some students are only sensitive to items that they ingest, while others may have such a severe allergy that they will have a reaction to the smell of peanuts or the

School personnel who should be informed about a student’s allergy and treatment of that allergy:

- Classroom Teachers
- Special Area Teachers
- Food Service Staff
- Administration
- Support Staff
- Bus Drivers
- Paraprofessionals directly involved with the student

touch of any peanut oil or product. These severe allergies create the need to alter the classroom environment. A decision needs to be made whether any child in the classroom will be allowed to bring a snack or food that contains the allergen. Peanut oils can remain on surfaces for prolonged periods of time, even when the surface has been washed with soap and water. Many teachers and school nurses refrain from eating any foods that contain peanuts and peanut products during school hours to avoid being a source of the allergen.

A letter should go home at the beginning of the school year informing parents about the presence of a child with an allergy to peanuts and peanut products in the class. The school needs to have a policy in place regarding the presence of potential allergens in the school setting and this needs to be explained carefully to parents. While this can be an emotional and sometimes explosive issue, most parents of non-allergic children are willing to comply when presented with the facts regarding

the dangers of allergen exposure for the allergic child. The classroom teacher needs to be well informed regarding allergies and provided with the nursing and emotional support needed to feel comfortable with a student with an allergy. The teacher is then in a position to assist the nurse in providing parents with accurate information and reassurance regarding the classroom environment.

Snacks and Parties

One of the most difficult situations that arise in the classroom is the presence of food at snack time and for classroom parties. The parents of the allergic child can be an important resource for the teacher and the nurse to help determine if specific foods are safe for the child. Food labels are an essential source of information regarding the contents of a food and contain a statement, “May contain peanuts or peanut products” to help school professionals determine if a food is appropriate or not. Many snacks and candies that do not contain a listing for peanuts or peanut products in the ingredient list may still be a source of an allergen for a student if they are prepared in a facility that also uses the same equipment to prepare food that contains peanuts. Students with these allergies should not be given bulk foods or candies, as they can easily be cross-contaminated in a store.

The safest approach is to have the parent of the allergic student approve all foods that the child will consume or be exposed to. Classroom teachers should be encouraged to ask the parent to attend as many parties and celebrations as possible to provide guidance for the child as to what is appropriate to consume. The parent should also provide the teacher with appropriate and safe snacks in the event that the parent cannot be reached to help determine if a food in question is appropriate.

Field trips are another challenge for an allergic child. The classroom teacher, nurse and administration should consult to determine that all environments that the child will travel to are safe and appropriate. Many trips will not pose a significant threat to the student, but if the trip will include a meal or snack, that must be carefully evaluated. A trip to a Japanese restaurant, for instance, with the prevalence of peanut oils, could be a potentially fatal trip for a student. It is important for the administration and nurse to be well versed on the legal rights of the student with the allergy in these instances. The allergic student has the right to have full access to the educational program and school districts need to be careful that they do not inadvertently deny the student equal educational rights. In most cases, if a child cannot attend a field trip for medical reasons, the trip is canceled or modified to accommodate the entire class. In the example of the Japanese restaurant given above, the class could instead have a Japanese meal prepared and served by parents in the school cafeteria, where the environment and ingredients could be controlled.

In addition, any time the student leaves the school for a field trip, the student’s emergency medications and Emergency Care Plan should be brought along. Careful instructions should be reviewed with the teacher in the event that there is a medical problem during the course of the trip. Again, whenever possible, include the parent of the allergic student on the trip.

Cafeteria Concerns

The cafeteria presents some special concerns for managing a peanut allergy at school. Any time the allergic student is around food items, the

opportunity for exposure is heightened. The school nurse and food service staff can work together to provide the safest possible environment.

It is easier to control the environment of the cafeteria in the elementary school setting, potentially providing a safer environment. However, the older child who has been self-managing a peanut allergy for many years is more able to discern what foods are safe to eat and/or touch.

Some appropriate cafeteria modifications include:

- Provide an opportunity for the parent to visit with the Director of Food Service in the school district. At this time, they can review food labels of individual items that the student may want to eat at school and determine which choices are safe.
- Send home a menu for the student to choose lunches ahead of time. This provides the food service staff with the time to prepare the student's lunch separately to avoid contamination of a non-peanut food item. Cooking staff can place the allergic student's food item (such as a safe personal pizza) on an individual piece of foil during preparation to ensure that the food item is not contaminated by something previously cooked in the same pan.
- Provide a peanut-free table in the cafeteria, and ask that only students who have a peanut-free lunch eat at that particular table. Use a separate cloth in clean water to clean the table so that the table does not become tainted with peanut oils or products found in cleaning other tables.
- Provide the food service staff with a list of students with significant food allergies. Include the student's picture to assist the food service staff in becoming instantly familiar with allergic students.
- Establish a cooperative relationship between nursing personnel, food service workers and parents to facilitate establishment of safe procedures in the cafeteria. The School Health Services staff in the Rush-Henrietta Central School District in Rochester,

N.Y. has held parent meetings at both the elementary and middle school levels that included a presentation and discussion with the district's Food Service Director, Building Cook Managers, and School Nurse Teachers. The relationships that were established in that format personalized the peanut allergy management system and provided an opportunity for important collaboration between home and school.

There has been much discussion and controversy over making all schools completely peanut-free to keep students safe. One school of thought states that since exposure to an allergen has potentially fatal consequences to a child, the only responsible course of action is to ban all peanuts and peanut products. The other argument is that if a school deems itself to be "peanut-free" the possibility of exposure actually increases due to a lack of vigilance on the part of school staff. At present, this is an individual decision left up to each particular school district.

Respectful Confidentiality

An important aspect of the school nurse's responsibility in directing the care of a student with a peanut allergy is to develop a system in which the key people in the school have a knowledge of the child's allergy, but understand the value and legalities related to confidentiality. Faculty and staff should be informed of the student's health concern only with the parent's cooperation and permission. In discussing the child's care at school, it is important for the school nurse to hold a conference with the parent and obtain permission to tell specific members of the school community. The school nurse may feel it necessary to have the parent sign a statement regarding whom the nurse has permission to inform.

The school nurse should talk with school personnel and stress the need to provide a safe environment while not singling the student out. It is not appropriate to announce the student's allergy to a class-

School Health Office

Date: _____

Dear Parents,

We are committed to providing a safe and welcoming environment for all of the children in our school.

THERE IS A CHILD IN YOUR CHILD'S CLASSROOM WHO HAS A SEVERE PEANUT/NUT ALLERGY. While many allergic reactions can be mild, most children with peanut and other nut allergies experience serious symptoms after eating, touching or smelling peanuts or any nut products (especially peanut butter). Please take time to read the labels on any food that you purchase for your child's classroom.

Thank you for your cooperation.

School Nurse



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full of students and the student's condition should not be visibly posted in the room. A student with a peanut allergy deserves a high level of respect in relation to his or her medical condition and should always be treated as much like the other students as possible. (A child with an allergy should never be referred to as "the peanut kid.") Through communication and education, school nurses need to support school staff to raise their comfort level, and help them to relax and enjoy being around the student with an allergy.

Individualized Healthcare Plans

Care plans provide the nurse with a vehicle to write a comprehensive plan for the student's health management at school. There are two specific care plans that are appropriate to create for a student with a peanut allergy.

- **Emergency Care Plan (ECP):** This plan is usually a one-page plan written in lay terms to provide school personnel with a step-by-step guide to follow in the event that a student experiences an allergic reaction. It outlines the symptoms that the adult should look for, and a list of actions to follow. Medications to administer, with dosages and emergency phone numbers for parents, should be included, as well as the name of the preferred hospital in the event that the child needs to be transported to an emergency room. It is especially helpful if the student's picture is attached to the ECP to facilitate identification.
- **Individualized Healthcare Plan (IHP):** Written in nursing terminology, an IHP is an inclusive plan of care that includes emergency care, student education needs, and environmental modifications. This should be based on accepted nursing diagnosis and list assessments of the student's needs, goals, outcomes and nursing interventions required to meet the goals designed for the specific student. There are many valuable resources available to the school nurse for assistance in writing a quality IHP.

Teacher and Staff Training

Training should be scheduled with the teachers of students with peanut allergies in advance of the first day of school. Ideally, the school nurse and the parent would lead the meeting together, with the nurse explaining the pathophysiology of an allergic reaction, followed by an accounting of symptoms and emergency treatment. Building specific information, such as location of medications, individuals to contact with questions, and procedures for dealing with an emergency, should be covered. The Emergency Care Plan should be reviewed and a demonstration related to the administration of epinephrine could be included if appropriate. The parent should give a personal overview of the child's medical history, share concerns and bring food labels to instruct school personnel in the reading of those labels.

It is valuable to schedule a time to review the training mid year to discuss any concerns or questions that school staff may have.

Partnerships with Parents

Students with a peanut allergy are best served when the parent is a partner in directing the care of the child at school. Due to the severity of this health condition, parents are understandably anxious as their children head to school. The parent can offer the school nurse valuable insight into the care of the individual child, and in the unlikely

event of an emergency, a strong, trusting partnership between the nurse and the parent benefits the child.

Looking Ahead

Research is taking place to develop a vaccine and medication to assist people with significant food allergies. In March of 2003, the *New England Journal of Medicine* reported that an anti-IgE therapy raised the level at which study participants reacted to peanuts. While this would not constitute a cure for the allergy, it would help reduce an allergic reaction by requiring a larger amount of peanut ingestion to cause a reaction.

School nurses are on the "front line" when dealing with the perils involved with peanut allergies for children in schools. We need to understand the importance of creating a safe environment for our students with allergies to peanuts and peanut products. Then when a parent comes to school and says, "My child has a peanut allergy" the school nurse is ready to take deliberate and comprehensive action to care for each child in all aspects of the school setting. 🐿

*** If you are interested in viewing an example IHP or ECP form they may be accessed by visiting the school nurse home page on our website: www.nursingweb.com**

RESOURCES

KidsHealth.org. *Nut and Peanut Allergy*. Accessed on 5/20/05 from http://kidshealth.org/PageManager.jsp?dn=KidsHealth&lic=1&ps=107&cat_id=148&article_set=30304

Schoessler, S. & Miele, M. *Students With a Peanut Allergy Need Careful Monitoring*. Accessed on 6/3/05 from http://www.pta.org/parentinvolvement/healthsafety/hs_oc_peanutallergy.asp

Formanek, R. Jr. *Food Allergies: When Food Becomes the Enemy*. Accessed on 5/20/05 from http://www.fda.gov/fdac/features/2001/401_food.html

DrPaul.com. *Peanut allergy not to be taken lightly*. Accessed on 5/20/05 from <http://www.drpaul.com/library/08SEP2000.html>

MedTerms.com. *Peanut Allergy*. Accessed from <http://www.medterms.com/script/main/art.asp?articlekey=20391>

Allergies.About.com. *Medication Protects Patients with Peanut Allergies*. Accessed on 5/20/05 from <http://allergies.about.com/cs/peanuts/a/blnjc031003.htm>

ADDITIONAL RESOURCES

Children

http://www.kidshealth.org/kid/nutrition/diets/nut_allergy.html

Parents

http://www.kidshealth.org/parent/food/special/nut_peanut_allergy.html

Peanut Allergy: Articles and Resources

<http://allergies.about.com/od/peanuts/>

Managing Food Allergies at School

<http://www.foodallergy.org/school.html>

Peanut Allergy: The Shocking Facts

<http://www.medicinenet.com/script/main/art.asp?articlekey=15618>

Peanut Allergy: Ban or Plan?

http://www.schoolnurse.com/med_info/peanutall.html

Students with a Peanut Allergy Need Careful Monitoring:

<http://www.pta.org>

http://www.pta.org/pr_magazine_article_details_1117726816109.html

ABOUT THE AUTHOR

Sally Zentner Schoessler, RN, SNT is the President Elect of the NYS Association of School Nurses and a SNT in the Rush-Henrietta School District. She has represented the state's school nurses in many roles, including Past Director to the NASN. She has written and lectured extensively on Student's With Peanut Allergy and the School Nurse's Role, and is a published contributor to School Health Sourcebooks of IHPs.

INDIVIDUALIZED HEALTHCARE PLAN

Name: _____

Birthdate: _____

Address: _____

School: _____

Home Phone: _____

Teacher/Counselor: _____

Parent/Guardian: _____

Grade: _____

Day/Work Phone: _____

IHP Date: _____

Healthcare Provider: _____

—

Provider's Phone: _____

IEP Date: _____

IHP Written By: _____

Review Dates: _____

Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions	Expected Outcomes
<p>Student is known to have difficulty breathing following exposure to peanuts and peanut products,</p> <p>exposure to all nuts and exposure to the smell of peanuts.</p>	<p>(Risk for) Ineffective airway clearance due to anaphylaxis. (NANDA 1.5.1.2)</p>	<p>Student will maintain optimal respiratory function and airway clearance.</p> <p>Student will avoid allergen to reduce incidents of respiratory difficulty.</p> <p>Student will participate in emergency management of allergy as appropriate.</p>	<p>Assess student's environment with teacher to minimize contact with known allergens.</p> <p>Develop an allergy management plan with student and parent(s). Develop emergency plan for anaphylactic episodes.</p> <p>Have emergency medical release from parent available in the event that emergency transportation to hospital is required.</p> <p>Train appropriate staff (classroom teacher, specialists, bus drivers, administrators) in management of anaphylactic reaction. Include contact person/people, emergency medication administration and notification of emergency medical back-up.</p> <p>Student will wear Medic-Alert identification at all times to identify allergens.</p>	<p>Student will avoid allergens at school.</p> <p>Student will receive prompt and appropriate emergency assistance in the event that allergy symptoms are present.</p> <p>Student will demonstrate knowledge and understanding of emergency management plan as appropriate to age.</p>

INDIVIDUALIZED HEALTHCARE PLAN

Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions	Expected Outcomes
<p>Student risks anaphylaxis if exposed to peanuts and/or nut products.</p> <p>Student may come in contact with allergen accidentally or carelessly at school.</p> <p>Student eats in the cafeteria with other students on a daily basis.</p>	<p>(Risk for) physiological injury due to significant peanut allergy. (NANDA 1.6.1)</p>	<p>Student will have early, appropriate intervention to exposure to peanuts or nuts products.</p> <p>Student will demonstrate appropriate measures to avoid contact with allergens.</p>	<p>Student will learn to identify products containing peanuts or peanut products.</p> <p>Student will have peanut-free area to eat in cafeteria if needed. Food service personnel will be provided with insert information as needed.</p> <p>Send letter to parents of classmates (with student and parent permission) to inform them that there is an allergy in the class and request that peanut-free snacks are sent to school for special occasions.</p> <p>Encourage student to assess environment with teacher to minimize contact with known allergens. Have parent provide alternate snacks (stored at school) for times when special treats are offered to class.</p> <p>Develop an allergy management plan with student and parent(s). Develop emergency plan for anaphylactic episodes.</p> <p>Have emergency medical release from parent available in the event that emergency transportation to hospital is required.</p> <p>Train appropriate staff (classroom teacher, specialists, bus drivers, administrators) in management of anaphylactic reaction. Include contact person/people, emergency medication administration and notification of emergency medical back-up.</p> <p>Student will wear Medic-Alert identification at all times to identify allergens.</p>	<p>Student will demonstrate knowledge of appropriate foods that he/she can eat and/or touch.</p> <p>Student will demonstrate healthy behaviors when eating in the cafeteria with peers. Student will have safe environment within the cafeteria or alternate eating location.</p> <p>Student will be easily and respectfully identified by food service workers as a child with special dietary needs. Student will avoid allergens at school.</p> <p>Student will receive prompt and appropriate emergency assistance in the event that allergy symptoms are present.</p> <p>Student will demonstrate knowledge and understanding of emergency management plan as appropriate to age.</p>

INDIVIDUALIZED HEALTHCARE PLAN

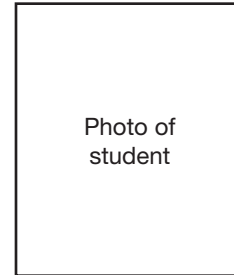
Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions	Expected Outcomes
<p>Student has difficulty with dietary restrictions that make him/her feel “different” than his/her peers.</p>	<p>(Risk for) Self-esteem alteration related to: dietary restrictions, feeling “singled-out” at snack and party time and “being different”. (NANDA 7.1.2)</p>	<p>Student will exhibit healthy food and behavior choices while at school.</p> <p>Student will verbalize positive feelings about self.</p> <p>Student will exhibit maximum independence in management of allergy and dietary restrictions.</p>	<p>Provide support and encouragement to student. Develop trusting, communicative relationship with child.</p> <p>Encourage student to express feelings in verbal and/or written form.</p> <p>Develop group with similar health issues for sharing feelings and concerns, if possible.</p> <p>Inservice class and teacher as needed.</p>	<p>Student will verbalize/write feelings about peanut allergy and self. Student will verbalize/write positive feelings about self.</p> <p>Student will develop support system at school and access it as needed.</p>
<p>Student occasionally makes statements that reflect poor understanding of allergy management.</p>	<p>(Risk for) Knowledge deficit related to pathophysiology of anaphylaxis and dietary restrictions. (NANDA 8.1.1)</p>	<p>Student will increase understanding of allergic reaction and his/her emergency management plan.</p> <p>Student will increase knowledge of dietary restrictions.</p>	<p>Student will participate in development of emergency management plan as appropriate and be able to explain plan to teacher and/or nurse.</p> <p>Student will be able to discuss pathophysiology of allergic reaction as appropriate to age.</p> <p>Student will learn to identify products containing peanuts or peanut products.</p> <p>Student will understand restrictions in cafeteria and classroom.</p>	<p>Student will demonstrate knowledge and understanding of allergy and anaphylaxis as appropriate to age.</p> <p>Student will demonstrate knowledge and understanding of emergency management plan as appropriate to age.</p> <p>Student will comply with restrictions in cafeteria and classroom with 100% reliability.</p>

Rush Henrietta Central School Health Services
EMERGENCY CARE PLAN: FOOD ALLERGY

Student: _____ Grade: _____ School Contact: _____ DOB: _____
Asthmatic: Yes* No *Increased risk for severe reaction Allergens: _____
Mother: _____ MHome #: _____ MWork #: _____
Father: _____ FHome #: _____ FWork #: _____
Emergency Contact: _____ Relationship: _____ Phone: _____

Symptoms of an allergic reaction may include any/all of these:

- Mouth itching and swelling of lips, tongue or mouth
- Throat itching, tightness in throat, hoarseness, cough
- Skin hives, itchy rash, swelling of face, extremities
- Stomach nausea, abdominal cramps, vomiting, diarrhea
- Lung shortness of breath, repetitive cough, wheezing
- Heart “thready pulse”, “passing out”



The severity of symptoms can change quickly - it is important that treatment is given immediately.

Staff Members Instructed: Classroom Teacher(s) Administration/Support Staff Special Area Teachers Transportation

Treatment: Rinse contact area with water if appropriate.

Benadryl ordered: Yes No Give _____ of Benadryl first whether symptoms are present or not.

Call parent and SNT if on field trip.

IF INGESTION OR SUSPECTED INGESTION OF ALLERGEN OCCURS AND SYMPTOMS ARE PRESENT, GIVE EPIPEN® IMMEDIATELY IF ORDERED.

EpiPen® ordered: Yes No Special Instructions: _____

To give EpiPen®: Pull off gray safety cap and place the black tip against the outer thigh at right angle to leg. It may be given through clothing. Press hard and hold until it injects. You will feel a slight click. Hold it in place for 90 seconds. Then remove and massage area for 10 seconds after injection. Call 911 and inform you have given EpiPen® for allergic reaction. If on field trip, call SNT at _____ 359-5584 _____.

EpiPen® provides 20 minute response window. After an EpiPen, a student may feel dizzy or have an increased heart rate. This is a normal response. A staff member should accompany a student to ER, if the parent/emergency contact cannot be reached.

Doctor: _____ DPhone #: _____

Written By: S. Z. Schoessler, RN, SNT _____ Date Written: 8/04 _____

Copy sent to Parent Copy sent to Healthcare Provider

Parent Signature

to share this plan with physician and school staff: _____ Date: _____

This plan is in effect for the current school year only. Revised 10/03

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