Lincoln Public Schools recognizes the importance of preventing food allergy exposures and the goal will be to follow these guidelines. The district does not have control over all food products that come into a building. Even manufactures that have previously been allergen free may change the ingredients at any time and without notice.

These guidelines were adapted from information reviewed from the National Association of Secondary School Principals; the National Association of School Nurses; the Food Allergy and Anaphylaxis Network; The American Academy of Pediatrics; and the National School Boards Association.

Additionally, in order to ensure adequate communication between health services staff and food service/nutrition staff, please provide adequate information outlining your child’s restrictions.

**Hypersensitivities:**

1. **Food Allergy:** Any allergy dietary restriction which would require a doctor’s note to be treated at school.
2. **Food Intolerance:** Food restrictions based upon religious preferences, e.g. no pork, beef, etc.; Vegetarian; Other sensitivities; Lactose Intolerance that is for a beverage substitute only or texture modifications.

**Classroom Teacher’s Responsibility**

1. Be aware of all medical needs of the students in the classroom.
2. Ensure that information for all students with medical needs is in an organized, prominent and accessible location for a substitute teacher.
3. Follow students IHP, Emergency Action Plan and/or 504 plans.
4. Provide non-food ‘rewards’ for all students.
5. Plan curricular activities and educational tools that omit the allergic item from classroom activities and projects.

**Student’s Responsibility**

1. The student should not trade food with others.
2. The student should not eat anything with unknown ingredients or known to contain any allergen.
3. The student will identify self to nutrition services workers if he/she has a special diet or food allergy, if age or developmentally appropriate.
4. The student should be proactive in the care and management of their dietary needs and reactions based on their age and developmental level.
5. The student should notify an adult immediately if he/she eat and/or are exposed to something he/she believe may contain the food to which he/she is allergic to.

For more information contact:
LPS Nutritional Services  402|436|1747
LPS Health Services  402|436|1655
www.lps.org
**Family’s Responsibility**

1. Notify the school of the child’s allergy.
2. Work with the school team to develop a plan to accommodate the child’s needs throughout the school, including in the classroom, in the cafeteria, in LPS sponsored after-school events, during field trips, and on the school bus.
3. Provide written medical documentation, instructions, and medications as directed by a physician, using the LPS Anaphylaxis Action Plan as a guide. Have the physician sign a Medical Statement for Students Requiring Special Meals (this form only needs to completed one time while the student is at LPS, unless the condition changes).
4. Provide properly labeled medications and replace medications after use or upon expiration.
5. Educate the child in the self-management of their food allergy and special diet needs including:
   - Safe and unsafe foods
   - Strategies for avoiding exposure to unsafe foods
   - Symptoms of allergic reactions
   - How and when to tell an adult that they may be having an allergy related problem
   - How to read food labels (age-appropriate)
6. Review LPS procedures with the school staff, the child’s physician, and the child (age and developmentally appropriate) after a reaction has occurred.
7. Provide current emergency contact information.
8. Notify school of changes in dietary status, i.e. no longer an allergen or increased, allergies or other diet changes.
9. If a student is attending a before or after school program run by an outside agency, in an LPS building, family must provide medical information to that program.

**School’s Responsibility**

1. Be knowledgeable about, and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
2. No school is considered to be ‘free’ of any allergen. Schools will be considered ‘allergy aware.’
3. Review the health records submitted by parents and physicians.
4. Include students with special diets in school activities. Students should not be excluded from school activities solely based on their special diet.
5. Identify a core team of, but not limited to, school nurse, teacher, principal, cafeteria manager and nutrition services dietitian and counselor to work with the parents and the student (age and developmentally appropriate) to establish a prevention plan. Changes to the plan to promote dietary management should be made with core team participation. The core team will be developed on an individual basis.
6. Assure that all staff who interact with the student on a regular basis understands the dietary management, can recognize symptoms, knows what to do in an emergency, and works with other school staff to eliminate the use of food allergens in the allergic student’s meals, educational tools, curricular activities, or incentives. The use of non-food incentives should be encouraged.
7. Periodically review the Anaphylaxis plan before an allergic reaction occurs to assure the efficiency/effectiveness of the plan.
8. The school nurse will appropriately store medications, have appropriate school supplied emergency medications available, and be certain that all who should have access to the medications do. If age and developmentally appropriate and all necessary forms are completed, the student may self-carry their medications.
9. School staff should be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day.
10. Review guidelines and care plan with the core team members, parents/guardians, students and physician (as necessary) after a reaction has occurred.
11. Work with the district transportation administrator to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.
12. Recommend that all buses have communication devices in case of an emergency.
13. Recommend a ‘no eating’ policy on buses, during regular school hours, with exceptions made only to accommodate special needs under federal laws. School nurse should visit with parents whose child may need a snack on the bus to discuss appropriate snacks.
14. Discuss field trips with the family of the child with dietary needs to decide appropriate strategies for managing the dietary needs.
15. Any harassment of a student with dietary needs, or non-compliance by a staff member to the student’s health plan should be reported to an administrator for follow-up.