Sault Area Public Schools
Severe Allergy Individual Health Care Plan

Student's Name______________________________ Grade_______

Teacher's Name__________________________ Lunch Time__________

Known Allergen_________________________ Symptoms_____________________

Date of last anaphylactic reaction? _________ Was epinephrine given? Yes___ No___

Classroom
• Any food given to student must be approved by parent.
• SAPS staff will not read labels.
• Alternative food will be provided by parent/guardian.
• Parent/guardian should be advised of any planned parties.
• Classroom projects/parties involving food should be reviewed by the parent and the teaching staff in a reasonable amount of time.

Bus
• Transportation will be alerted to student's allergy.
• Student has a physician's order to carry epinephrine on bus. Yes_____ No ______

Field Trip Procedures
• Parent should be notified early in the planning process to address any risk of allergen exposure.
• Epinephrine should accompany student during any off-campus activity.
• The elementary student should remain with the teacher during the entire field trip.
• Middle school/high school student should remain with the teacher during the entire field trip. Yes ___ No ______

Cafeteria
• Cafeteria manager will be alerted to the student's allergy.
• All cafeteria tables are cleaned per cafeteria guidelines.
• Cafeteria menu is available online and at beginning of each semester.
• If the student is purchasing food from the SAPS menu, parent must approve food choices.

CHOOSE 1:
_______ There are NO restrictions where student may sit in the cafeteria.
Or,
_______ Student will sit at a specified allergy table in the cafeteria.
_______ Student will sit with their class at a specified location.

Parent's Signature __________________________ Date __________

School Nurse Signature ______________________ Date __________