Students

Food Allergy Management Program

School attendance may increase a student’s risk of exposure to allergens that could trigger a food-allergic reaction. A food allergy is an adverse reaction to a food protein mediated by the immune system which immediately reacts causing the release of histamine and other inflammatory chemicals and mediators. While it is not possible for the District to completely eliminate the risks of exposure to allergens when a student is at school, a Food Allergy Management Program using a cooperative effort among students’ families, staff members, and students helps the District reduce these risks and provide accommodations and proper treatment for allergic reactions.

The Superintendent or designee shall develop and implement a Food Allergy Management Program that:

1. Fully implements the following goals established in The School Code: (a) identifying students with food allergies, (b) preventing exposure to known allergens, (c) responding to allergic reactions with prompt recognition of symptoms and treatment, and (d) educating and training all staff about management of students with food allergies, including administration of medication with an auto-injector, and providing an in-service training program for staff who work with students that is conducted by a person with expertise in anaphylactic reactions and management.

2. Follows and references the applicable best practices specific to the District’s needs in the joint State Board of Education and Ill. Dept. of Public Health publication Guidelines for Managing Life-Threatening Food Allergies in Schools, available at:

3.149(b) and ISBE/IDPH Guidelines, added by P.A. 96-349 and renumbered by P.A. 96-1000, requires school boards to implement a policy not later than January 1, 2011 that is based upon the joint State Board of Education (ISBE) and Ill. Dept. of Public Health (IDPH) publication titled Guidelines for Managing Life-Threatening Food Allergies in Schools, (ISBE/IDPH Guidelines). Administrative procedures referencing the ISBE/IDPH Guidelines must support this policy in order to comply with the law. See the discussion in fn 3 below and 7:285-AP1, Administrative Procedure-Implementing a Food Allergy Management Program for a sample implementation procedure.

This legislation stems from data showing that the number of children being diagnosed with food allergies is increasing. Every food-allergic reaction can develop into a life-threatening reaction and, even with proper treatment, can be fatal. See the ISBE/IDPH Guidelines, pages 7 and 8, citing Sampson, H.A., Food Allergy, from Biology Toward Therapy, Hospital Practice, available at: www.isbe.net/nutrition/pdf/food_allergy_guidelines.pdf.

This end statement requires board work and should be discussed (what effect or impact will this district statement have on the students and the community?) and altered accordingly before board adoption. A food allergy management program should promote prevention and management of life-threatening allergic reactions (see 105 ILCS 5/2-3.149(b) and ISBE/IDPH Guidelines, on p. 7). For more information on ends statements and governance, see IASB’s Foundational Principles of Effective Governance at: www.iasb.com/principles_popup.cfm.

The clause “using a cooperative effort among students’ families, staff members, and students” is optional and can be removed. The purpose of the clause is to share responsibility for management among the district, staff, and food-allergic students and their families.

105 ILCS 5/10-20. To balance the requirement to implement a policy based upon the ISBE/IDPH Guidelines (105 ILCS 5/2-3.149(b) with the practicalities of managing a district, this paragraph delegates the board’s implementation duty to the superintendent.

Number one outlines the goals that the legislature directed ISBE and IDPH to include in the ISBE/IDPH Guidelines (105 ILCS 5/2-3.149(a)-(c). The in-service training program is required by 105 ILCS 5/10-22.39(e), added by P.A. 96-349 and recodified by P.A. 96-1000. Boards may add further expectations and include additional goals that reflect those expectations here.

Number two balances the requirements of the law with the practicalities of managing a district by referencing the ISBE/IDPH Guidelines (105 ILCS 5/2-3.149(b). The publication is 78 pages and adopting the entire document as policy is not practical. Further, not every portion of the publication applies to every district’s needs.
3. Complies with State and federal law and is in alignment with Board policies.

LEGAL REF.: 105 ILCS 5/2-3.149 and 5/10-22.39.

Guidelines for Managing Life-Threatening Food Allergies in Schools (Guidelines), jointly published by the State Board of Education and Ill. Dept. of Public Health.

CROSS REF.: 4:110 (Transportation), 4:120 (Food Services), 4:170 (Safety), 5:100 (Staff Development Program), 6:120 (Education of Children with Disabilities), 6:240 (Field Trips), 7:250 (Student Support Services), 7:270 (Administering Medicines to Students), 8:100, (Relations with Other Organizations and Agencies)

Policy Reviewed: September 2010
Policy Adopted: October 2010
Students

Administrative Procedure - Implementing a Food Allergy Management Program

The following procedure implements policy 7:285, Food Allergy Management Program, which is based upon the joint State Board of Education (ISBE) and Ill. Dept. of Public Health (IDPH) publication, Guidelines for Managing Life-Threatening Food Allergies in Schools (ISBE/IDPH Guidelines), available at: www.isbe.net/nutrition/pdf/food_allergy_guidelines.pdf (105 ILCS 5/2-3.149(b), added by P.A. 96-349 and renumbered by P.A. 96-1000). The District’s Food Allergy Management Program is developed and collectively implemented by local school officials, District staff, students and their families, and the community. This administrative procedure contains three sections as follows:

1. Glossary of Terms
2. Food Allergy Management Program
3. Individual Food Allergy Management (Three Phases)
   - Phase One: Identification of Students with Food Allergies
   - Phase Two: Prevention of Exposure to Known Allergens
   - Phase Three: Response to Allergic Reactions

All references to the ISBE/IDPH Guidelines within the procedures will refer to the specific section title or Appendix with the page number in parenthesis.

Glossary of Terms

The Glossary at Appendix J of the ISBE/IDPH Guidelines is incorporated here by reference.

Food Allergy Management Program (Program) - The overall process that the Superintendent and other District-level administrators use to implement policy 7:285, Food Allergy Management Program, which is based upon the ISBE/IDPH Guidelines.

Food Allergy Management Committee (Committee) - A District-level team that the Superintendent creates to develop a Food Allergy Management Program. It monitors the District’s Food Allergy Management Program for effectiveness and establishes a schedule for the Superintendent to report information back to the Board. It is not required by State law, but it is a best practice method to ensure the Program’s continued legal compliance and alignment with governance principles.

Individual Food Allergy Management - The process at the building-level used to manage and prevent anaphylaxis. The process identifies: (a) students with allergies, (b) procedures to prevent exposure to known allergens, and (c) appropriate responses to allergic reactions. It is synonymous with the third section in this sample administrative procedure.

Individual Health Care Plan (IHCP) - A document that outlines a food allergic student’s needs, and at minimum, includes the precautions necessary for food allergen avoidance and emergency procedures and treatments. Its function is similar to a 504 Plan (see below). Important: Consult the

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4 “Note:” messages appear throughout this procedure to highlight legal issues and available customization options. This format is a departure from the PRESS publication’s general format, which usually provides finished procedures that are ready for immediate use and implementation. This procedure follows the legal requirements for what a food allergy management program must include, but development and implementation of the actual food allergy management program is subject to a district’s resources and circumstances, i.e., the size of the school district, conditions in individual buildings, and an individual student’s needs.

The first paragraph’s second sentence is optional. Remove it if the board removed the optional clause discussed in f/n 2 of policy 7:285, Food Allergy Management Program. The purpose of the sentence is to allocate responsibility for food allergy management among the district, staff, and food-allergic students and their families and alert the community that successful implementation relies upon everyone to understand the seriousness of food allergies.
Board Attorney about whether the Program should implement a 504 Plan or IHCP. This Program’s procedures implement 504 Plans only. Insert IHCP in place of or in addition to 504 Plan in this document if the District will also implement IHCPs.

**504 Plan** - A document that outlines a food allergic student’s needs, necessary accommodations, and individual staff member responsibilities. Its function is identical to an IHCP while also including procedural protections (see above). This Program’s procedures implement 504 Plans only. **Important:** Consult the Board Attorney about whether implementing only 504 Plans is the best method. Many attorneys agree that a 504 Plan is the best (although not universal) practice for a student with a diagnosis of an allergy.  

**504 Team** - A building-level team that implements the phases of Individual Food Allergy Management in a student’s 504 Plan. Insert “IHCP Team” in place of or in addition to “504 Team” if the district will also implement IHCPs. **Note:** If the District implements IHCP’s, gathering information, identifying methods to prevent exposure, and assigning staff responsibilities will rely heavily on the Nurse/DSP, not a 504 Team.

**Food Allergy Management Program**
This section relies heavily upon District-level administrators to implement the Program even if the District has no students with food allergies (105 ILCS 5/2-3.149, added by P.A. 96-349 and renumbered by P.A. 96-1000). This is because identification of students at risk of anaphylaxis cannot be predicted, and it is possible that a student who has not been identified could have his or her first reaction at school (p. 7). This section references the ISBE/IDPH Guidelines and aligns with governance principles so that District-level administrators can: (a) integrate the Program into the District’s existing policies and procedures, (b) engage in ongoing monitoring of the Program, (c) assess the Program’s effectiveness, and (d) inform the Board about the Program along with recommendations to enhance its effectiveness. **Note:** Modify this section based upon the District’s specific implementation needs. The only mandate in 105 ILCS 5/2-3.149, added by P.A. 96-349 and renumbered by P.A. 96-1000, is that school boards implement a policy based upon the ISBE/IDPH Guidelines by January 1, 2011. Implementation methods are infinite; this Program provides one method.

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| Superintendent or designee | Establish a District-wide Food Allergy Management Committee (Committee) to operate as a Superintendent committee. Consider including:  
  - District-level administrators  
  - Building Principals (Building Principals are mandatory for successful implementation of the Program)  
  - District Safety Team Program Coordinator (see 4:170-AP1, *Comprehensive Safety and Crisis Program*, Part A, Safety Team)  
  - District 504 Coordinator (see 6:120, *Education of Children with Disabilities* and 6:120, AP1, E1 Notice to Parents/Guardians Regarding Section 504 Rights) |

Prior to the 2008 amendments to the Americans with Disabilities Act, courts frequently found that allergies were not disabilities under Section 504 (see Smith v. Tangipahoa Parish School Board, 46 IDELR 282 (D.Ct. LA 2006)). As a result, schools commonly drafted Individual Health Care Plans (IHCP) and Emergency Action Plans (EAP) for food allergic students instead of Section 504 Plans. The ADA Amendments Act of 2008 (Pub. L. 110-325) significantly broadened the definition of *substantially limits* to include disabilities that are inactive or in remission. These amendments generally support Section 504 entitlement for students with allergies because an allergic reaction will *substantially limit* the major life activity of *breathing* when anaphylaxis occurs.
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| Staff members  
Parents/Guardians  
Community members  
Students | Chair and convene Committee meetings for purpose of implementing the Program. **Note:** The Committee is not required by State law. However, establishing it provides a best practice for aligning with governance principles and examining implementation issues specific to each individual school district. While smaller school districts, i.e., one building districts, may be able to implement a Program through one meeting, larger school districts will likely require the uniform coordination that this Committee provides. Some school districts may choose to use the modifiable *ISBE/IDPH Guidelines* document, available at: [www.isbe.state.il.us/nutrition/word/food_allergy_sample_procedures.doc](http://www.isbe.state.il.us/nutrition/word/food_allergy_sample_procedures.doc), and add or delete items as necessary to the specific needs of the school district. Inform School Board of the Committee’s progress and needs by adding information items to the Board’s agendas as needed. |
| Food Allergy Management Committee | Identify existing policies, procedures and exhibits which affect implementation of the Program, including, but not limited to: 
1:20, *District Organization, Operations, and Cooperative Agreements*  
2:20, *Powers and Duties of the School Board*  
2:240, *Board Policy Development*  
4:110, *Transportation*  
4:120, *Food Services*  
5:100, *Staff Development Program*  
5:100-AP, *Administrative Procedure - Staff Development Program*  
6:65, *Student Social and Emotional Development*  
6:120, *Education of Children with Disabilities*  
6:120-AP, *Administrative Procedure - Special Education Procedures*  
7:20, *Assuring the Implementation of Comprehensive Programming for Children with Disabilities*  
6:240, *Field Trips*  
7:180, *Preventing Bullying, Intimidation, and Harassment*  
7:250, *Student Support Services*  
7:270, *Administering Medicines to Students*  
7:270-AP, *Administrative Procedure - Dispensing Medication*  
7:270-E, *School Medication Authorization Form with the Emergency Action Plan*  
8:100, *Relations with Other Organizations and Agencies.* Recommend, through the Superintendent, any policy changes to the School Board for consideration. See policy 2:240, *Board Policy Development.*  
Recommend to the Superintendent any amendments to administrative procedures. **Note:** To minimize paper and confusion, the Committee may want to replace 7:270-E, *School Medication Authorization Form* with the *ISBE/IDPH Guidelines’* sample form, *Emergency Action Plan (EAP)* at App. B-5 (p. 48) and available at: |
The Committee should also assess the feasibility of adding staff training during a Periodic Emergency Response Drill (App. B-3, p. 44) to the District’s School Safety Drill Program (see 4:170-AP, Administrative Procedure, Comprehensive Safety and Crisis Program, paragraph D and f/n 3). Adding this suggested drill is not required and exceeds the mandate contained in 105 ILCS 128/. If added, revise paragraph D of 4:170-AP, Administrative Procedure, Comprehensive Safety and Crisis Program to include the applicable School Administrators and Nurse/Designated School Personnel (DSP) Checklist items (p. 24 and 32).

Convene a District-wide meeting with all Building Principals, other appropriate administrative and special education staff, and the Board Attorney to discuss this Program, the ISBE/IDPH Guidelines, and prepare each individual Building Principal to implement it in his or her building. **Note:** The Board Attorney will be a necessary participant in the District’s efforts to manage food allergy management issues. The Superintendent may want to authorize individual Building Principals to consult with the Board Attorney in some circumstances. If so, the Superintendent should outline this process during this meeting.

Educate and train all staff by coordinating, through the Superintendent or Building Principals, the required in-service training program(s) for staff working with students. The in-service must be conducted by a person with expertise in anaphylactic reaction management and include administration of medication with an auto-injector (105 ILCS 5/10-22.39(e), added by P.A. 96-349). **Person with expertise** is not defined but the use of the word expertise suggests that using a lay person to provide training is not appropriate. Use the list of training resources in App. I. (p. 71) and see the Potential Sources for Food Allergy Education, available at: www.isbe.state.il.us/nutrition/pdf/food_allergy_educ_sources.pdf. This training should also include:

- How to recognize symptoms of an allergic reaction
- Review of high-risk areas
- Steps to take to prevent exposure to allergen
- How to administer an epinephrine auto-injector
- How to respond to a student with a known allergy as well as a student with a previously unknown allergy
- Information to increase awareness of bullying and sensitivity to issues that students with food allergies face in the school setting

Consider implementing the Nurse/DSP checklist item (p. 22) addressing the above issues by informing staff of the goals established in each of the following Board policies:

6:65, Student Social and Emotional Development. This policy requires the District’s educational program to incorporate student social and emotional development into its educational program and be consistent with the social and emotional development standards in the Illinois Learning Standards.
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<td>7:180, Preventing Bullying, Intimidation, and Harassment. This policy prohibits students from engaging in bullying, intimidation, and harassment, which diminish a student’s ability to learn and a school’s ability to educate. It states that preventing students from engaging in these disruptive behaviors is an important District goal. Note: Including bullying and sensitivity awareness in the required in-service exceeds State law requirements. Because State law requires districts to have policies addressing bullying (105 ILCS 5/27-23.7) and social and emotional development (405 ILCS 49/) and the Guidelines highlight that increasing awareness of these issues is a best practice consideration, the required in-service is a logical place to include this education. Be sure the referenced board policies contain the locally adopted policy language. Provide community outreach through Building Principals by providing information to students and their parents/guardians about the Program. Establish linkages and partnerships with organizations that can assist the Committee or Building Principals with the goal of providing a coordinated, collaborative education and outreach system to all members of the school community to better understand food allergy management issues in the school setting (App. I, p.71). Provide and inform Building Principals, when possible, of opportunities to “close the food allergy knowledge gap” (p. 21, citing a Gupta, et. al, BMC Pediatrics report that the general population has many misconceptions about food allergies). See Potential Sources for Food Allergy Education, available at: <a href="http://www.isbe.state.il.us/nutrition/pdf/food_allergy_educ_sources.pdf">www.isbe.state.il.us/nutrition/pdf/food_allergy_educ_sources.pdf</a>. Monitor the Program by periodically assessing its effectiveness. Incorporate updated medical best practices into all areas of the Program. Establish a schedule for the Superintendent to report any recommendations to enhance the Program’s effectiveness to the Board for consideration.</td>
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<tr>
<td>Building Principal</td>
<td>Inform the school community of the Program by providing the information to students and their parents/guardians. For a sample letter, see App. C-1 (p. 58). Inform the school community of the opportunities to better understand food allergy management issues. Implement the Program in the building by meeting with the Nurse/DSP and special education staff in the building to examine the ISBE/IDPH Guidelines. Identify and follow: All best practices that apply to the conditions in the school building to reduce exposure to allergens (p. 20). All items from the School Administration Nurse/DSP Checklists that apply to the working conditions in the school building (p. 22-24, 32-33). Educate staff members about the Program and their likely involvement with Individual Food Allergy Management (p. 20-40). Inform staff</td>
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Actor | Action
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Inform staff members and volunteers to first use the epinephrine auto-injector and then call 911 anytime an allergic reaction is suspected, and review the ISBE/IDPH Guidelines, specifically Food Allergies (p. 9-12). **Note:** Fatalities occur when epinephrine is delayed or withheld (p. 21).
Add information about the District’s Program and any other building-related specifics of the Program to student handbooks. To increase awareness of the bullying issues faced by students with food allergies, consider including information for students and their parents about the goals established in Board policy 7:180, Preventing Bullying, Intimidation, and Harassment. See Nurse/DSP Checklist (p. 22).

School Board | Monitor 7:285, Food Allergy Management, and make changes recommended by the Committee. See policy 2:240, Board Policy Development.
Consider all policy changes recommended by the Superintendent.
Provide the appropriate resources for the Superintendent to successfully implement the Program.

### Individual Food Allergy Management

This section’s procedures are implemented each time the school identifies a student with a food allergy. It follows Board policy 6:120, *Education of Children with Disabilities* and references additional considerations based upon the ISBE/IDPH Guidelines. It relies heavily upon Building Principals and Nurse/Designated School Personnel (DSP) to identify the necessary accommodations for each student and determine which staff members are responsible to provide them. Accommodations are impacted by a number of factors, e.g., the student’s age, the allergen(s) involved, the facilities at each school building, etc.

**Phase One: Identification of Students with Food Allergies**

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<td>Parent/Guardian</td>
<td>Inform the Building Principal of the student’s food allergy. Complete Allergy History Form (App. B-8, p. 56 and available at: <a href="http://www.isbe.state.il.us/nutrition/word/sample_allergy_hstry_form.doc">www.isbe.state.il.us/nutrition/word/sample_allergy_hstry_form.doc</a>) and School Medication Authorization Form (see 7:270-E, School Medication Authorization Form). Return them to the Building Principal or Nurse/DSP. <strong>Note:</strong> The Emergency Action Plan (EAP) (p. 48) may be used instead of 7:270-E, School Medication Authorization Form. Participate in all meetings to assess and manage the individual student’s health needs. Follow the Parent/Guardian of Children with Food Allergies Checklist. See Guidelines, p. 25.</td>
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<tr>
<td>Building Principal and/or Nurse/DSP</td>
<td>Follow the District’s procedural safeguards for convening a meeting to assess the individual student’s allergy management needs.</td>
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<td>504 Team</td>
<td>Modify this section if the District implements IHCPs. See <strong>Glossary</strong> above for more information.</td>
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<td>For a student who is not already identified as disabled, determine whether a referral for an evaluation is warranted using the District’s evaluation procedures for determining whether a student is a student with a disability within the meaning of IDEA or Section 504 (see Board policy 6:120, <em>Education of Children with Disabilities</em>). For a student with an existing IEP or Section 504 plan, or who qualifies for one on the basis of his or her food allergy, determine:</td>
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<td>1. Whether the student’s food allergy requires related services to ensure the provision of a “free appropriate public education” (FAPE), and/or</td>
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<td>2. Whether the student’s food allergy requires appropriate reasonable accommodations for the student’s disability.</td>
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<td>If the answer to either of the above questions is negative, notify the parent/guardian in writing of the reasons for the denial and the right to appeal. Provides any required procedural safeguard notices. See 23 Ill.Admin.Code Part 226; Section 504 of the Rehabilitation Act of 1973 (34 C.F.R. Parts 104 and 300); and 6:120-AP1, E1, <em>Notice to Parents/Guardians Regarding Section 504 Rights</em>.</td>
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<td><strong>If the answer to either of the above questions is positive:</strong></td>
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<td>1. Gather appropriate health information by using the completed Allergy History Form (App. B-8, p. 56) and Emergency Action Plan (EAP) (App. B-5, p.48).</td>
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<td>2. Identify all necessary accommodations and complete a 504 Plan (use the District’s established forms or App. B-7, p. 52-55). For meal substitutions, see App. B-4, p. 45-46.</td>
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<td>3. Determine which staffing provides the identified accommodations. Remember that accidental exposures are more likely to happen when an unplanned event or non-routine event occurs and special care should be taken to address procedures for staff members who provide transportation, substitute teaching, coaching or other activities, field trips, and classroom celebrations. For a list of staff members to consider, see <em>Creating a Safer Environment for Students with Food Allergies</em> (p. 19).</td>
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<td>4. Assign responsibilities to individual staff members for providing the identified accommodations (General Guidelines, p. 20-40). Inform absent staff members during the creation of the 504 Plan of their responsibilities.</td>
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<td>5. Identify willing 504 Team members trained in emergency response to respond to any allergic reactions the student may have. See EAP, <em>Trained Staff Members</em> box (p. 49). <strong>Note:</strong> Consult the Board Attorney if options are limited or the classroom teacher is not willing to administer epinephrine. While classroom teachers are a logical choice to provide emergency response due to their continual close proximity to...</td>
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students, such an assignment may: (1) impact terms and conditions of employment and may trigger collective bargaining rights, and/or (2) violate 105 ILCS 5/10-22.21b, which states that under no circumstances shall teachers or other non-administrative school employees, except certified school nurses and non-certificated registered professional nurses, be required to administer medication to students.

6. Provide the required procedural safeguard notices. See 23 Ill.Admin.Code Part 226; Section 504 of the Rehabilitation Act of 1973 (34 C.F.R. Parts 104 and 300); and 6:120-AP1, E1, Notice to Parents/Guardians Regarding Section 504 Rights.

Phase Two: Prevention of Exposure to Known Allergens

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| Building Principal and/or Nurse/DSP | Convene a meeting to educate all the staff members who will provide the identified 504 Plan accommodations about their responsibilities. Ensure individual staff members perform their responsibilities and provide the necessary accommodations for the student’s individual health needs (p. 20-40). Facilitate the dissemination of accurate information in the building about the student’s food allergy while respecting privacy rights.  

**Note:** Request permission from the Superintendent to consult the Board Attorney about best practices for disclosures to volunteers, e.g., field trip chaperones or room parents) of confidential medical information without parental consent. Generally Building Principals have discretion, but these situations are fact specific. Ideally the District should attempt to get parental permission to disclose the information about the allergy, but practically this cannot always occur. Many agree that safety trumps confidentiality in these situations, especially when volunteers have a legitimate educational interest if knowledge of the information is related to their ability to perform their duties (See, Letter to Anonymous, 107 LRP 28330 (FPCO 2007)). Provide a medical alert to parents/guardians (App. B-9, p. 57 also available at: www.isbe.state.il.us/nutrition/word/sample_allergy_ltr_parent.doc) that does not name the student. The communication should inform other students and their parents/guardians about the importance of keeping their educational setting free of the food allergen.  

**Note:** Request permission from the Superintendent to consult the Board Attorney about disclosures and providing joint communications from the Building Principal and the parent/guardian of the food allergic student. While joint communications allow the school to exchange the
information needed to protect the food allergic student and balance competing educational interests without violating federal or State laws that govern student records, they can also present other risks, i.e., re-disclosure of the confidential information. See Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, and its implementing rules at 34 C.F.R. Part 99; Ill. School Student Records Act, 105 ILCS 10/, and its implementing rules at 23 Ill.Admin.Code Part 375. FERPA prohibits schools from disclosing personally identifiable information from students’ education records without the consent of a parent or eligible student, unless an exception applies. See policy 7:340, Student Records.

Prepare a list of answers to anticipated questions about managing the student’s health needs.

Check with the Nurse/DSP regarding any known competing educational interests with the student’s health needs among other students attending the school (i.e., diabetes, service animals, etc.).

Manage identified students’ competing educational interests by:

1. Consulting the Board Attorney.
2. Creating a method to monitor identified competing educational interests between students.
3. Responding to future unidentified competing educational interests and managing them immediately.
4. Modifying any other conditions as the facts of the situation require.

504 Team
Implement and follow all identified responsibilities in the 504 Plan. Understand that accidental exposures are more likely to occur when an unplanned event occurs, which makes it critical to follow the exact accommodations in the student’s 504 Plan (p.13).

Practice emergency procedures outlined in the student’s EAP and be prepared to follow them (App. B-3, p. 44).

Parent/Guardian
Implement and follow the applicable items in the Parent/Guardian of Children with Food Allergies Checklist (p. 25).

Student
Implement and follow the applicable items in the Students with Food Allergies Checklist (p. 26).

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<th>Phase Three: Response to Allergic Reactions</th>
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<td>504 Team</td>
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<td>Anyone</td>
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<td>Nurse/DSP</td>
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EAP and IHCP or 504 Plan, provide the parent/guardian with the EAP (App. B-5, p. 48) and *Sample Allergy History* (App. B-8, p. 56) forms and refer them to the process outlined in the **Identification of Students with Food Allergies** phase above.

Review *Special Considerations for the Student*; specifically, collaborate with the students’ medical provider (p. 23).

**LEGAL REF:** 105 ILCS 5/2-3.149.