

**ROCHESTER COMMUNITY SCHOOLS**  
**\*SEVERE ALLERGY Medical Action Plan (MAP)**

Child's picture  
Face only

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

This MAP is validated with signatures and dates, by both the treating physician/licensed health care provider & parent/guardian. Orders are required for medical interventions within this treatment plan. Expiration of this plan occurs at the end of the 2020-2021 school year.

**CONTACT INFORMATION**

Call First:	Call Second:	Call Third:
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Phone 1:	Phone 1:	Phone 1:
Phone 2:	Phone 2:	Phone 2:
Email:	Email:	Email:

**ALLERGY HISTORY**

- YES  NO      My child has a history of receiving epinephrine for an allergic reaction.
- YES  NO      My child has asthma (If yes, higher risk for a severe allergic reaction).
- YES  NO      **REQUEST NO PEANUT OR TREE NUT LUNCH TABLE**

List **ALL** Allergies that require a prescription for epinephrine: \_\_\_\_\_

List other food/non-food allergies to avoid that may not require a prescription for epinephrine: \_\_\_\_\_

Bus # \_\_\_\_\_ Driver: \_\_\_\_\_  
 Transportation Office Use ONLY if needed  
 Route # \_\_\_\_\_ Medical File \_\_\_\_\_

- If your child needs medication at school for asthma, please complete a separate *ASTHMA Medical Action Plan* or *School Administration Authorization Form*, for prescribed medication at school (you do not need to do both).
- Please note, RCS is not a peanut/tree nut free district. RCS is a peanut and tree nut aware/alert district. RCS restricts all allergens in classrooms/common spaces and strictly follows the RCS district food and allergy guidelines that are congruent with the regulations set forth by the State of Michigan.
- Quick references are now reflective of COVID-19 updates.
- \*A severe allergy is defined as having a prescription for epinephrine for one or more allergies listed above.

**EMERGENCY PROCEDURES**

**SEVERE SYMPTOMS**, after a suspected or known ingestion and/or known allergen was eaten even if no symptoms:

**One or more** of the following:

- LUNG: Short of breath, wheeze, repetitive cough
- HEART: Pale, blue, faint, weak pulse, dizzy, confused
- THROAT: Tight, hoarse, trouble breathing/swallowing
- MOUTH: Obstructive swelling (tongue and/or lips)
- SKIN: Many hives over body

Or **combination** of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
- GUT: Vomiting, crampy pain



1. **INJECT Epinephrine IMMEDIATELY**
  2. **Call 911**, then parent/guardian!
  3. Begin and continue monitoring student status.
  4. Give additional medication as ordered.
    - 2<sup>nd</sup> dose of epinephrine
    - Antihistamine and/or inhaler
  5. Stay with student and help keep calm.
  6. For severe reaction, consider keeping student on back with legs raised, keep head to side if vomiting.
    - Antihistamines & inhalers are not to be depended upon to treat a severe reaction (anaphylaxis).
- USE EPINEPHRINE**

**MILD SYMPTOMS ONLY:**

- Mouth: Itchy mouth
- SKIN: A few hives around mouth/face, mild itch
- GUT: Mild nausea/discomfort



1. **Give Antihistamine if ordered**
2. Stay with student; Call parent/guardian.
3. If symptoms progress and worsen: **USE EPINEPHRINE** (Follow above instructions).
4. Begin and continue monitoring.

I, (parent/guardian), \_\_\_\_\_, request that my child, \_\_\_\_\_, receive the above described medical management at school, according to standard school policy, I authorize consent to the ordering licensed health care provider staff and school to share information, as needed, to clarify orders and to assist with my child's health care needs. I agree to have the information, in this two page plan, shared with individuals that need to know. I also, give permission to use my child's picture on this plan (if I did not supply a photo).

- YES  NO I have read the attached information regarding section 504 eligibility
- YES  NO I wish to be contacted regarding a 504 evaluation
- YES  NO I would like to talk with the school nurse coordinator about my child's allergies.
- YES  NO If my child is to self-carry epinephrine, I will still supply the school with a back-up auto-injector.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Physician/Licensed Health Care Provider Orders & Agreement with Treatment Plan

Epinephrine dose:  0.3 mg (Regular)  0.15 (Junior)

- YES  NO Two doses are to be made available at school by parent/guardian.
- YES  NO A second dose of epinephrine can be given 5 minutes or more, after the first dose, if symptoms recur, persist or worsen.
- YES  NO My professional opinion is that this student should self-carry epinephrine.

**NOTE: *If a student is to self-carry their own epinephrine, help may still be needed to administer this medication.***

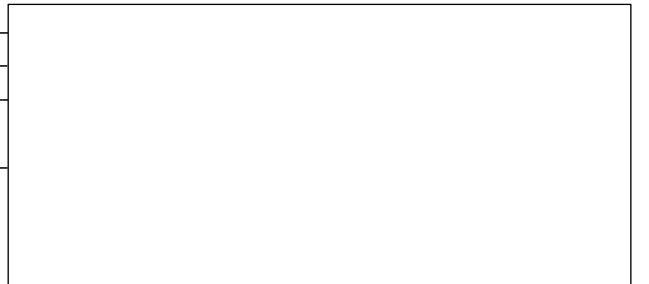
Antihistamine: \_\_\_\_\_

Dose/Route (please do not give a range): \_\_\_\_\_

- YES  NO Give first for mild allergy symptoms.
- YES  NO Give in conjunction with epinephrine administration.

Other antihistamine instructions: \_\_\_\_\_

Licensed Health Care Provider's Name: \_\_\_\_\_  
 Hospital and/or Clinic Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Suite: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_



(Provider Stamp)

HEALTH CARE PROVIDER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



Rochester Community Schools  
Section 504 – Procedural Safeguards

The following is a brief summary description of the rights provided by Section 504 of the Rehabilitation Act of 1973 to students with disabilities, or suspected disabilities. The intent of the law is to keep you fully informed about decisions concerning your child and to inform you of your rights in the event you disagree with any decisions concerning your child. Under Section 504, you have the right to:

1. Have the District advise you of your rights under federal law; The District must provide you with written notice of your rights under Section 504. If you need further explanation or clarification of any of the rights described in this notice, please contact the Building 504 Coordinator for the school that you or your child is attending.
2. Receive written notice with respect to Section 504 identification, evaluation, educational program and/or placement of your child;
3. Have the right to agree or disagree to the implementation of the District's proposed evaluation plan for your child or to its proposed Section 504 Plan for your child.
4. Have an evaluation and placement decision for your child based upon information from a variety of sources and which is made by a team of persons knowledgeable about the student, the meaning of evaluation data, and placement options;
5. Have your child receive a free appropriate public education, which includes the right to be educated with non-disabled students to the maximum extent appropriate, if the child is Section 504 eligible;
6. Have your child take part in and receive benefits from the District without discrimination on the basis of disability;
7. Have your child educated in facilities and receive services comparable to those provided to non-disabled students;
8. Examine all relevant records of your child, including those relating to decisions about your child's Section 504 identification, evaluation, educational program, and placement; and obtain copies of those records at a reasonable cost, unless the fee would effectively deny you access to the records;
9. Receive information in your native language and primary mode of communication;
10. Have a periodic re-evaluation of your child to determine if there has been a change in educational need, including an evaluation before any significant change of placement. Generally, a re-evaluation will take place at least every three years;
11. Have your child given an equal opportunity to participate in nonacademic and extracurricular activities offered by the District;
12. Request and participate in an impartial due process hearing if you disagree with any District action with regard to the identification, evaluation, or placement of your child under Section 504. You have the right to participate personally at the hearing, have the right to be represented by counsel in that process, and to appeal an adverse decision to a court of competent jurisdiction. If you wish to request an impartial due process hearing, you must submit a written Request for a Hearing to your Building 504 Coordinator;
13. File a complaint in accordance with the District's grievance procedures or with the U.S. Department of Education, Office of Civil Rights.