

HIH Parent Letter regarding Allergies/Sensitivities

Updated: Sept 2020

Dear parent,

This letter describes how we care for children with food allergies/ sensitivities at HIH. Please make sure you have filled out a Health in the Classroom form and discussed this with your child's classroom teacher, so that we have an accurate understanding of his or her needs. Included is a checklist of needed items if your child requires medication on site at school.

Food/Environment: Healthy snacks are provided daily in the classrooms. Gluten free options are made available. Dairy free options for lunch include Soy milk. No peanuts or tree nuts are used as an ingredient in hot lunches or snacks provided by HIH. We cannot eliminate possible cross-contamination from packaged foods that are processed in a facility that also processes peanuts or tree nuts. If cross-contamination is a concern, you may opt to pack lunches and snacks from home. A peanut-free table is provided in the environment. Children who eat at this table must bring a peanut-free lunch from home.

Classroom: The following safety measures are practiced in classrooms that have children with significant allergic responses to food:

- All students wash hands with soap and water before and after lunch/snack.
- Tables are wiped with cleanser and a cloth.
- A separate chowki or table for eating snacks will be provided if needed to minimize risk of exposure.

If your child does not have a severe allergy that requires emergency medications, their name and allergy/sensitivity will be on a list distributed to staff in the Kitchen and in your child's classroom. Staff will be aware of your child's needs, but no Emergency Care Plan is required. You may also choose to pack lunches and snacks from home for your child.

If your child does have a severe allergy that requires emergency medication, please bring the following to school:

✓ Allergy Emergency Care Plan (ECP), completed and signed by your health care provider.

✓ Medications

✓ If prescribed, 2 doses of epinephrine antihistamine in the original packaging. Please request 2 labels from your pharmacy, so that there will be a pharmacy label on each dose.

✓ "Fanny pack" type of bag to carry one dose of medication/ECP with your child or your child's teacher. The other dose will be kept in the office as a back-up.

✓ 4 small photos of your child to be placed on the ECP and medications.

Medication reminders: If your child will be self-carrying their medication, the box on the form needs to be checked by the prescriber. Consider expiration dates on your child's medication. If possible, send medication that will be good for the whole school year.

For antihistamines (Benadryl), the liquid, pre-measured doses are best and work the fastest. Fill out and return the Allergy ECP form. Please have this completed and signed by the prescriber of your child's medication and return it as soon as possible. We request that you return the original form rather than a faxed copy as we may make copies which can become more difficult to read. Jenni West, RN, the school's health care consultant will be available to meet with you to discuss your child's needs and develop an individualized plan of care for your child. Email: J.west@hihcm.org.

Thank you for your help in ensuring a safe, healthy year for everyone at HIH!

HIH Health in the Classroom

Student Medical & Allergy Worksheet/Family Preferences

Student's Name: _____ Classroom: _____

Medical Conditions

Does your child have any medical conditions that may affect their classroom experience? **Yes** **No**

If **yes**, please describe—

Allergies/Sensitivities

Does your child have any allergies or sensitivities? **Yes** **No**

If **yes**, please list the triggers:

List concerns about skin contact with allergens: (i.e. cannot touch gluten)

Should your child avoid triggers at all times? If no, clarify. (i.e. no—gluten is ok for snacks at school)

Does your child require any **medication** for their allergies? **Yes** **No**

If **yes**, please visit the office to obtain the forms to keep otc/prescription & emergency medication at HIH. The school health consultant will connect with you via email.

Preferred email address: _____

Family Dietary Preferences

Does your family/child follow a special diet? (i.e. vegetarian or gluten-free) **Yes** **No**

If **yes**, please describe—

Do you want your child to adhere to this preference for snacks and lunches?

SIGNATURE: By signing this form, you are consenting to let HIH discreetly post information about your child's food allergies/sensitivities/family preferences in the cafeteria and classroom as a reminder to all those who interact with your child throughout the day. Medical conditions will disclosed discreetly on a need-to-know basis.

(signature of parent/guardian)

(date)