Learning Objectives:
1. Understand the difference in food allergy, food intolerance, and food aversion.
2. Develop an understanding of the serious impact of food allergies on young children.
3. Develop a repertoire of strategies to protect children from allergens in group settings.
4. Understand a Food Allergy Action Plan for a child in a group mealtime setting.

Introduction
When working with young children in group settings, you will teach and nurture young children with food allergies. You will work with their families and the staff who serve food to the child. Let’s think about food allergies and children who eat meals and snacks in group settings where you may work or consult.

Food allergies are common in young children, especially allergies to peanuts, tree nuts, milk, and wheat. There are food allergies, food intolerances, and food aversions. Do you know the difference?

Do you know the common symptoms of food allergies? How will you tell if a child is having an allergic reaction to a food? If a child has an allergy, you MUST recognize the child’s symptoms.

Common symptoms are: difficulty breathing; a rash; vomiting or diarrhea; or complaints of a weird feeling in their mouths. They may display obvious swelling of the lips, tongue, or mouth.

When an allergic reaction occurs, the common treatment is to try to reduce the body’s release of histamine; so an anti-histamine is administered. A doctor may prescribe Benadryl®, or for more severe reactions, an Epi-Pen® or Twinject® which is an injection of an anti-histamine. Because the child must have immediate care, the child needs a responsive adult who is prepared and ready to administer the drug.

Are you ready to support a child with a food allergy? Think about your role in feeding children with food allergies in the group setting.

You may choose to read an easy-to-follow booklet about the characteristics of allergies and treatment of allergies. Learn how food allergy and food intolerance are different things. The booklet offers basic information for working with children with food allergies. This booklet is from the well-respected National Institute of Allergies and Infectious Diseases.

http://www3.niaid.nih.gov/topics/foodAllergy/PDF/foodallergy.pdf
Planning for Feeding Children with Allergies in Group Settings

Memorize the following five key words. They represent five key concepts for feeding children with allergies in group settings.

SERIOUS
PROTECT
PREVENT
KNOW
PLAN

Food Allergies are SERIOUS
Food allergies are deadly serious. Recognize the life-threatening issue that a child’s food allergies can bring. You never can be certain when the reaction to the unsafe food will be mild or when the reaction can go from what appears to be a tickle in the child’s throat to full blown respiratory arrest.
Resist thoughts that a child with an allergy “might be able to eat a little bit of this food, just this one time, because it will taste so good to him, and he wants it, and besides that, he’s hungry!”

PROTECT AND PREVENT
As adults who choose to work with young children, we take on the role of helping tiny humans who need our protection to survive. This protective role is all the more obvious when it comes to keeping a child with an allergy away from the unsafe food.
Many things that we take for granted in feeding typical children are intensified when we need to PROTECT a child with an allergy. The food environment we provide will need to be adapted to keep the child safe.
Even hand lotions, soap, and cleaners contain the allergen. Reading labels is essential. We will need to share our knowledge about allergens with everyone who comes into that child’s world. That means cooks, classroom staff, custodians, classmates, and other children’s parents.
Keeping the allergen away from the child and the child away from the allergen is our job as the child’s advocate in the group setting.

KNOW what to expect
Know characteristics of the child’s allergies and the characteristics of the child’s reactions to the allergen. When a child with a food allergy is in your care, close communication is essential with parents or guardians, and as appropriate, with the child’s physician. Frequent, honest communication makes asking any question, large or small, or sharing information more likely.
Know the words a child might use when an allergic reaction is occurring. Know about foods or even non-food items that may have the allergen in them. (For example, if a child is allergic to nuts, know that many foods use nut oils as an ingredient. Find out the possible variety of names of those “nut oil” ingredients.)
Know what the child’s symptoms might be, if he is having an allergic reaction. Click on the link below. You will find a rich website from The Food Allergy & Anaphylaxis Network. Read some of the ways children might describe allergic reactions as they are experiencing the reactions.
http://www.foodallergy.org/school/childdescribe.pdf
Develop a PLAN

Those who enroll children with allergies in their programs must insist on a Food Allergy Action Plan. Adults who take care of a child need to know when a child needs help and they must know exactly what to do.

Learn about the Food Allergy and Anaphylaxis Network. This site displays an allergy action plan form to use in a child care center. The form for the plan is commonly used by doctors to help children keep safe in child care and school centers.

The child’s physician will fill out the action plan, which will then be studied by the child care center director, staff, and parents. In case of an encounter with the food to which the child is allergic, the plan will be followed.

http://www.foodallergy.org/actionplan.pdf

Below is a real Food Allergy Action Plan that was developed by a physician and child care director. We changed the names and dates to protect confidentiality. Review the plan. See if you can answer these questions after your review.

1. When do you take action for this child’s nut allergy?

2. How will you know if the child is having an allergic attack?

3. When will you call 911?
**MEDICATION REQUEST FORM**

**STUDENT NAME:** Parker Johnson  
**Birthday:** September 17

**SCHOOL:** Children's School  
**Grade/Room #:** pre 1 2

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**Name of Medication:** Hydrocortisone

**Dosage:** 1/4 tsp

**Method of administration:** Apply to irritated area

**Time(s) of day to be given:** As needed

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**Reason for medication:** Dermatitis

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**RCW28A.210.370: Students with Asthma or Anaphylaxis**

Please note that this medication request pertains to a student who will self-administer medication for asthma or anaphylaxis at school.

This student has demonstrated to a licensed health professional in my office the ability to correctly self-administer this medication (inhaler or automatic adrenaline device) and may carry the medication on his/her person.

I request that the above named student be administered the above named medication in accordance with the instructions indicated above for the date of 9-1-06 to 8-1-07. (Not to exceed the current school year), as there is a valid health reason which makes administration of the medication advisable during school hours.

**Date of Signature:** 9-1-06

**Licensed Health Professional’s Signature:** Michael J. King, MD

**Phone #:** 555-1129  
**Fax:** 555-4178

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**THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN**

**Please read Parent Information on the reverse side of this form.**

I have read and understand the parent information regarding medication at school (reverse side or school office) and request that my child be administered medication at school in accordance with the above instructions for the dates of 9-1-06 to 8-1-07 (not to exceed the current school year). I understand that a medication dosage could be delayed or missed due to unexpected circumstances or changes in the student's schedule.

I also give my permission for the exchange of information between school district nurse and Licensed Health Professional for the purpose of clarifying medication orders/concerns that could affect safe administration at school.

Please complete the following if it pertains to your child’s medication mentioned on this form:

**Inhalers:**

My child will carry inhaler on his/her person and is trained and capable to self-administer.

**Yes**  
**No**  
**N/A**

If so, I will provide a second “back-up” inhaler for school.

**Yes**  
**No**  
**N/A**

**Injectable emergency medications (i.e. Epi-Pen®):**

My child will carry device on his/her person and is trained and capable to self-administer.

**Yes**  
**No**  
**N/A**

If so, I will provide a second “back-up” injection device for school.

**Other non-oral medications:**

My child will carry the following medication (per district guidelines) and has been instructed to self-administer:

**Yes**  
**No**  
**N/A**

(non-oral medication i.e. topical, eye, nose applications)

The district shall incur no liability as a result of any injury arising from the self-administration of medication.

**Date of Signature:** 9-1-06

**Parent/Guardian Signature:** Sharen Johnson

**Home Phone #:** 555-0734  
**Work/Cell Phone #:** 555-2561  
**Alternate Phone #:** 555-2103 (cell)

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**For District Nurse’s Use Only:**

Student has demonstrated to the nurse, the skill necessary to use the medication and any device necessary to self-administer the medication.

**Date:**

**Expiration date of medication:**

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This record must be maintained by the school district for 8 years.
MEDICATION REQUEST FORM

STUDENT NAME: Parker Johnson  
Birthdate: September 17

SCHOOL: Children's School  
Grade/Room #: Pie 1 2

THIS PORTION TO BE COMPLETED BY LICENSED HEALTH PROFESSIONAL WITH PRESCRIPTIVE AUTHORITY

<table>
<thead>
<tr>
<th>Name of Medication*</th>
<th>Dosage</th>
<th>Method of administration</th>
<th>Time(s) of day to be given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benadryl</td>
<td></td>
<td>Oral</td>
<td>As needed</td>
</tr>
</tbody>
</table>

*One medication per request form

Reason for medication: Food Allergies – milk, possibly mustard, peanut & tree nut. For As Needed medications, specify the minimum length of time between doses: 4-6 hrs.

Possible side effects and action needed if noted at school: Absent

RCW28A.210.370: Students with Asthma or Anaphylaxis

Please complete the following IF this medication request pertains to a student who will self-administer medication for asthma or anaphylaxis at school.

This student has demonstrated to a licensed health professional in my office the ability to correctly self-administer this medication (inhaled or automatic adrenalin device) and may carry the medication on his/her person.  Yes  No  N/A

I request/authorize the above named student to be administered the above named medication in accordance with the instructions indicated above for the dates of September 9, 2021 to September 5, 2022 (not to exceed the current school year), as there exists a valid health reason which makes administration of the medication advisable during school hours.

Date of Signature: September 9, 2021  Licensed Health Professional's Signature:  
Wendy J. King, M.D.

Phone #: 555-1234  Fax: 555-4125  LHP's Name (print)  
Wendy J. King, M.D.

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

Please read Parent Information on the reverse side of this form.

I have read and understand the parent information regarding medication at school (reverse side or school office) and request/authorize trained school staff to administer medication to my child in accordance with the LHP's instructions above for the dates of September 9, 2021 to September 5, 2022 (not to exceed the current school year).

I understand that a medication dosage could be delayed or missed due to unexpected circumstances or changes in the student's schedule.

I also give my permission for the exchange of information between school district nurse and Licensed Health Professional for the purpose of clarifying medication orders/concerns that could affect safe administration at school.

Please complete the following IF it pertains to your child's medication mentioned on this form:

Inhalers:
My child will carry inhaler on his/her person and is trained and capable to self-administer.  Yes  No  N/A
If so, I will provide a second "back up" inhaler for school.

Injectable emergency medications (i.e. Epi-Pen®):
My child will carry device on his/her person and is trained and capable to self-administer.  Yes  No  N/A
If so, I will provide a second "back up" injection device for school.

Other non-oral medications:
My child will carry the following medication (per district guidelines) and has been instructed to self-administer non-oral medication (i.e. topical, eye, nose applications).  Yes  No  N/A

The district shall incur no liability as a result of any injury arising from the self-administration of medication.

Date of Signature:  

Parent/Guardian Signature:  
Shaneque Johnson

Home Phone: 555-0334  Work/Cell Phone: 555-2561  Alternate Phone: 555-2102 (dad cell)

For District Nurse's Use Only:
Student has demonstrated to the nurse, the skill necessary to use the medication and any device necessary to self-administer the medication.

Device(s) if any, used:  
Expiration date of medication:

Date:  
Nurse signature:

This record must be maintained by the school district for 8 years.
MEDICATION REQUEST FORM

STUDENT NAME: Parker Johnson
Birthdate: September 17
SCHOOL: Children's School
Grade/Room #: Pre 1/2

THIS PORTION TO BE COMPLETED BY LICENSED HEALTH PROFESSIONAL WITH PRESCRIPTIVE AUTHORITY

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage</th>
<th>Method of administration</th>
<th>Time(s) of day to be given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epi Pen Jr</td>
<td>one</td>
<td>IM injection</td>
<td>as needed</td>
</tr>
</tbody>
</table>

*One medication per request form

Reason for medication: Food allergies - milk, possibly mustard, peanut, tree nuts
For As Needed medications, specify the minimum length of time between doses: once only, if administered must get ER
Possible side effects and action needed if noted at school: THA SHAKES

RCW28A.210.370: Students with Asthma or Anaphylaxis

Please complete the following IF this medication request pertains to a student who will self-administer medication for asthma or anaphylaxis at school.

This student has demonstrated to a licensed health professional in my office the ability to correctly self-administer this medication (inhaled or automatic epinephrine device) and may carry the medication on his/her person. Yes ☐ No ☐ N/A

I request/authorize the above named student to be administered the above named medication in accordance with the instructions indicated above for the dates of 9-1-2000 to 8-15-2000 (not to exceed the current school year), as there exists a valid health reason which makes administration of the medication advisable during school hours.

Date of Signature: 9-1-0000 Licensed Health Professional's Signature: Michael J. King, M.D.
Phone #: 555-1624 Fax: 555-4178 LHP's Name (print): Michael King

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

Please read Parent Information on the reverse side of this form.

I have read and understand the parent information regarding medication at school (reverse side or school office) and request/authorize trained school staff to administer medication to my child in accordance with the LHP's instructions above for the dates of 9-1-2000 to 8-15-2000 (not to exceed the current school year).

I understand that a medication dosage could be delayed or missed due to unexpected circumstances or changes in the student's schedule. I also give my permission for the exchange of information between school district nurse and Licensed Health Professional for the purpose of clarifying medication orders/concerns that could affect safe administration at school.

Please complete the following IF it pertains to your child's medication mentioned on this form:

Inhalers:
My child will carry inhaler on his/her person and is trained and capable to self-administer. ☐ Yes ☐ No ☐ N/A
If so, I will provide a second "back up" inhaler for school.

Injectable emergency medications (i.e. Epi-Pen®):
My child will carry device on his/her person and is trained and capable to self-administer. ☐ Yes ☐ No ☐ N/A
If so, I will provide a second "back up" injection device for school.

Other non-oral medications:
My child will carry the following medication (per district guidelines) and has been instructed to self-administer non-oral medication (i.e. topical, eye, nose applications). ☐ Yes ☐ No ☐ N/A

The district shall incur no liability as a result of any injury arising from the self-administration of medication.

Date of Signature: 9-1-2000 Parent/Guardian Signature: S. Johnson
Home Phone: 555-0734 Work/Cell Phone: 555-2961 Alternate Phone: 555-2163 Cell

For District Nurse's Use Only:
Student has demonstrated to the nurse the skill necessary to use the medication and any device necessary to self-administer the medication.
Device(s) if any, used: 
Expiration date of medication: 
Date: 
Nurse signature: 

This record must be maintained by the school district for 8 years.
Name: Parker Johnson
Birthday: 9/17/0000

EMERGENCY ACTION PLAN:

Parents will provide an antihistamine, and an emergency adrenaline self-injector pen to stay with this child at all times. All caretakers should know where these medications are located and how to use them.

A. If this child has a suspected ingestion of any of their allergic foods, and is EITHER without any initial symptoms OR with just mild skin symptoms:

1. Note the time, and stay with them. They will need to be observed closely for the next two hours.
2. Administer the oral antihistamine (Benadryl, 3 chewable tablets), as ordered by the doctor.
3. Call one of the parents at the numbers listed above. Call the emergency contact if one of the parents cannot be reached. Call Dr. Kroemer if the parents and emergency contacts cannot be reached.
4. If none of the above-listed numbers can be reached, you are advised to call 911 to have them help you resolve the situation.
5. If the child is still having either no or very mild skin symptoms, the parents or any of the above listed emergency contacts may remove the child and their emergency medications from the site to transport them to either their home or to the nearest emergency facility.
6. The child should remain under the direct supervision of the parents or should remain in an Emergency Facility for the remaining two hours of observation. Reactions that start as only mild skin symptoms can still occasionally evolve into potentially more serious systemic symptoms.

B. If this child has a suspected ingestion of any of their allergic foods, AND if they begin showing ANY of the above potentially serious symptoms (see Page 1):

1. Note the time, and stay with them.
2. Administer the oral antihistamine (Benadryl, 3 chewable tablets), as ordered by the doctor.
3. Administer the adrenaline self-injector pen (Epi-Pen Jr 87), as ordered by the doctor.
   - Take off the safety cap.
   - Place it against the meaty anterior muscles of the thigh. Hold the leg steady.
   - Push in (or jab) the pen until you can feel the mechanism activate.
   - Then hold it in place for a count to ten.
   - Discard the pen.

(Do not allow the adrenaline to come in contact with skin. If the pens, the emergency contacts, or the doctor can be reached.)

4. Call 911 to assess and have them transport the child to the nearest emergency room. Take this sheet with you to the Emergency Room. The doctors there will take over.
5. Then try to contact the parents, or the emergency contacts, or Dr. Kroemer at the numbers listed above.

Parent Signature: Therese Johnson

Michael J. Kroemer, M.D.
Strategies for Program Staff who Feed Young Children in Group Settings
Janice Fletcher, Laurel Branen, and Shannon Rusca
University of Idaho

Use these strategies to avoid serious life-threatening scenarios for a child with a food allergy.

- Talk often and honestly with the child’s parents
- Memorize the Food Allergy Action Plan
- Read labels for EVERYTHING that comes into the room
- Cheerfully and steadfastly offer alternative foods to protect the child from the allergens
- Carry the child’s medicine with you at all times and for all activities at the center
- Help the child learn about his allergy and to stay away from that allergen
- Help the child learn to ask questions about what is in his food
- In a matter of fact fashion, enlist classmates to help protect a child from the allergen.

Check out the many resources at the Food Allergy and Anaphylaxis Network.
http://www.foodallergy.org/

Resources for Further Reading

From USDA Team Nutrition: This site has handouts that you can download and copy for free to give to parents:

http://www.fankids.org/
From The Food Allergy and Anaphylaxis Network: This site has child friendly pages.

From School Guidelines: This site has a set of guidelines that offer a rich source for strategies for supporting children with food allergies

http://www.doe.mass.edu/cnp/allergy.pdf
From Massachusetts Department of Education: This site has information about the role of schools and food allergies, and a section on the role of families. Be sure to visit the appendix of this rich booklet of information.