

RESPONSIBILITIES OF PARENT OF STUDENTS WITH LTAs (rev 4/19)

Parent of a student with an LTA shall:

1. Maintain open communication with the student's teacher, staff, student, and school nurse.
2. Provide all orders developed by the licensed health care provider (HCP), with appropriate signatures, to include:
 - a. Emergency Care Plan (ECP)- medical orders updated annually
 - b. Release and Mutual Disclosure
3. Notify school's front office should emergency contact information change.
4. Provide the nurse with all emergency medications prescribed in the ECP:
 - a. Epinephrine (with Rx label) will be stored in the clinic unless student carries (see b).
 - b. Student may carry epinephrine if HCP writes order, determines that student is able to self-administer, and has trained student, per Indiana Code. **The parent is responsible for ensuring that epinephrine is unexpired for the school year.** Student is expected to have the medication with him/her at all times during the school day.
 - c. Additional antihistamines should be a non-liquid form, such as a chewable tablet. This medication shall be stored in clinic.
 - d. Complete a Medication Consent for each medication your child needs.
5. Notify nurse and teacher if special arrangements are necessary for field trips. Please give staff 5 days notice for planning.
6. Notify, educate, and train others with responsibility for your student outside school hours, ie., before and after school child care programs and all extracurricular activities. The nurse is not aware of your student's participation after hours, and the clinic is inaccessible to staff. It is imperative that the parent provide emergency medication, unless student carries it (4b).
7. Work collaboratively with personnel to educate the school community about LTAs.

For Food Allergies:

1. Recognize that the safest method of food allergy avoidance is for the student to eat meals and snacks provided from home.
2. Educate your student about safe food options from the school menu.
3. Provide safe snacks for your student for celebrations and/or emergencies. Monitor quantity and replenish snacks periodically. If snacks are not present, the student will not be given a snack, for safety reasons.
4. Never ask teachers/staff to read labels or make decisions regarding acceptable snacks.
5. Teach student to:
 - a. Know safe and unsafe foods and methods for avoiding unsafe foods
 - b. Recognize signs of an allergic reaction and act fast by telling an adult.
 - c. Carry epinephrine if appropriate. See 4b.
 - d. Never share epinephrine with other students.
 - e. Never share/trade any food items.
 - f. Understand hand-washing with soap and water before/after eating is crucial.
 - g. Report any teasing/bullying related to the LTA to teacher/staff.
8. Contact nurse or FTCS RN supervisor at 317-803-5011 for questions about LTAs.
9. Determine if a "no peanut" table is appropriate for your elementary-aged student. Parents should contact Asst. Supervisor of Child Nutrition at 317-862-2411. The student shall choose a friend and monitor that there is no visible sign of a peanut item in the friend's lunch, so that the meal will be pleasurable and social, rather than isolating. Staff shall do no label reading. Please note—beyond elementary school there is no special allergy table offered.

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Each student with an LTA shall:

1. Learn as much about the allergy as possible.
2. Know safe and unsafe foods and methods for avoiding unsafe foods, if allergy is to food.
3. Recognize the signs of a reaction and act fast by telling an adult.
4. Carry own epinephrine at all times if appropriate (6b above). Do not leave medication in classroom. Contact nurse if medication is forgotten at home.
5. Notify nurse/adult if self-administration occurred.
6. Never share epinephrine with other students.
7. Never share or trade any food items.
8. Wash hands with soap and water before and after eating.
9. Report any teasing/ bullying related to the LTA to a teacher/staff.

*****Please detach the following and return to the school nurse**

I have read the above and agree to my responsibilities as stated. I will communicate at once with school nurse if I do not have epinephrine on my person, as ordered by my health care provider and as expected by school staff, for my safety at school.

Signature of Student/Date

Parent Initials