

School District of xxxx

xxxxx

xxxxx

(215) xxx-xxxx

#### Section 504/Chapter 15 Service Agreement

STUDENT NAME: (student's name)

MEETING DATE: 05/26/2011

DATE OF BIRTH: xx/xx/xxxx

CHRONOLOGICAL AGE: 08 Yrs. 08 Mos.

SCHOOL: (student's name)

GRADE: 02

#### 1. Nature of Concern:

Dr. (doctor's name), MD, PhD, of the Children's Hospital of Philadelphia, Division of Allergy and Immunology, provided (student's name) with a diagnosis. In a letter provided to the XXX School District from Dr. (student's name)'s office and dated 5/24/2011, he wrote, "(student's name) has food allergies to peanuts, tree nuts. All patients with food allergies are at risk for a severe life-threatening reaction. "It is a medically necessary to avoid peanuts and tree nuts as they can cause a serious life threatening reaction. He needs to avoid ingestion of peanut and tree nuts and their protein and derivatives of peanuts and tree nuts."The recommended action plan for responding to an allergic reaction in (student's name) is set forth in the last section of this agreement, entitled "SPECIFIC PROCEDURES FOR RESPONDING TO AN ALLERGIC REACTION."

#### 2. Evaluations (by whom and dates completed):

The XXX School District was made aware of (student's name)'s diagnosis in letters from Dr. (doctor's name) dated May 22, 2008 and and every year after. The parents also provided the district with information from Dr. (doctor's name) dated April 22, 2008 indicating that he is at a high risk for a severe allergic reaction due to his diagnosis of an allergy to peanuts and tree nuts.

#### 3. Basis for determination of handicap (if any):

Dr. (doctor's name) conducted a full medical evaluation and provided the above diagnosis.

#### 4. Nature of the child's disability: 504/Service Plan

As stated above, (student's name) is allergic to peanuts and tree nuts and their related products. Dr. (doctor's name) made this diagnosis and also indicated that he is at risk for a severe allergic reaction or anaphylaxis.

#### 5. How the handicap/disability affects a major life activity:

As stated previously, any contact by (student's name) with peanuts and tree nuts and/or their products could result in a serious, life threatening allergic reaction. The IST/MDE/Section 504 Team has reviewed the files of the above named student and concludes that he/she meets the classification as a protected handicapped individual under Section 504 of the Rehabilitation Act of 1973. In accordance with Section 504 guidelines, the school has agreed to make reasonable accommodations and address the student's individual needs by using the following:

1. All school personnel shall receive education by the Certified School Nurse or staff nurse at the direction of the school nurse concerning life threatening allergic conditions related to peanut and tree nut allergies, risk reduction, determining safety of foods to which allergic children are exposed, and response to emergencies. The training will include:

- a. All staff and teachers, including substitute teachers who will be responsible for teaching or supervising (student's name) during the school day, will be trained by the Certified School Nurse or by staff nurse at the direction of the school nurse in the correct administration of an epinephrine auto injector (Epi Pen) including specific procedures for responding to an allergic reaction. In the case of an allergic reaction, the person responsible for (student's name) at that time will follow the emergency procedures spelled out in this plan and will notify the school nurse immediately. This includes all emergency situations (fire drill, lock down drills, etc.) This plan will be included in the teacher's emergency pack.

b. Information regarding the location of (student's name)'s emergency medication. The District will store (student's name)'s emergency medicine in a portable medicine pack, which will be transported with (student's name) by the staff responsible for him wherever he travels in school or outside the building on school grounds or any school sponsored trip off of school grounds. A complete set of (student's name)'s medication will also be maintained in the Nurse's Office in a separate bag from everyone else's medication.

c. Informing all staff across (student's name)'s grade level that peanut and tree nut products, including: 1. items containing peanuts and tree nuts, 2. items that may contain traces of peanuts and tree nuts, 3. items made on shared equipment with peanuts and tree nuts, 4. Items manufactured or processed in a facility where peanut and tree nut and related products are manufactured, 5. any homemade items (hereafter referred to as "peanut and tree nut and related products") will not be used in any classroom projects and/or activities, and notifying the parents that peanut and tree nut and related products will be prohibited for use in classroom projects and/or activities across (student's name)'s grade level. This includes ALL food brought into the classroom including snacks, birthday treats, and any holiday celebrations.

d. The Certified School Nurse or staff nurse at the direction of the school nurse will provide education for all students in (student's name)'s grade level regarding life threatening allergic conditions and the procedures and precautions that will be used in the classroom and cafeteria.

## 2. Safety Precautions in (student's name)'s grade level:

a. Prior to and at the beginning of the school year, and at least one week in advance of any special event, parents of students in (student's name)'s grade level will be notified that the grade level classrooms are to be peanut and tree nut and related products allergen-free and will include a list of peanut and tree nut and related products that are not allowed. Anybody entering the grade level classrooms will be directed to refrain from bringing in any peanut and tree nut and related products items that might contain the allergen.

b. Students' lunch bags will be placed in bins outside of (student's name)'s grade level classrooms; one bin will hold lunches that contain and/or may contain peanut and tree nut and related products, the other bin will hold peanut and tree nut and related product free lunches.

c. Foods containing any type of peanut and tree nut and related products will not be used in any classroom activities. If a classroom activity calls for the use of peanut and tree nut and related products, teachers will either substitute an alternate ingredient or will choose an alternate activity. Any classroom activity which involves the use, preparation, and/or cooking of food must be taught in a place maintained in a fashion in accordance with the conditions set forth in this document. This includes snacks, birthday treats, and any holiday celebrations.

## 3. Safety Precautions in Cafeteria

a. Two tables will be designated in the cafeteria for (student's name)'s class. One of the tables will be designated as a peanut and tree nut and related products free table.

b. The peanut and tree nut and related products free table will not contain or be used for the consumption, preparation, or serving of food containing peanut and tree nut and related products, at any time during the school year, including special events.

c. Other students will be instructed regarding the peanut and tree nut and related products free table and sitting at the table in the lunchroom.

d. (student's name) will sit at the peanut and tree nut and related products free table at lunch with students from his class who purchase a lunch from the cafeteria, other than an "Un crustable", and with others who bring a peanut and nut tree nut and related products free lunch. Everyone who

enters the peanut and tree nut and related products free space must use hand wipes to clean their hands prior to entering the space for recess or lunch.

e. Only foods labeled as peanut and tree nut and related products free may be brought into the space.

f. (student's name)'s parents will have an opportunity to review the school's menu monthly and indicate the days on which (student's name) will purchase lunch. The school will provide a menu choice that is peanut and tree nut and related products free that (student's name) will be able to purchase.

g. The table, benches and utensils (if any) will be washed with soap and water after use.

#### 4. Playground Precautions

a. All students will wash their hands with soap and water or use hand wipes, provided by the District, before going to recess after lunch.

b. After food activities in all grade levels, the teacher(s) will encourage (student's name) s to wash or wipe their hands with hand wipes prior to going outside to play at the playground.

#### 5. Field Trips

a. (student's name)'s parents will be invited to accompany him on school trips. If they are not available, a designated classroom teacher or aide who has read and is able to fully implement this plan will be included on the field trip. (student's name) may not be excluded from a field trip.

b. Prior to (student's name)'s sitting in the bus, staff or the bus driver will wipe down (student's name)'s bus seat with wipes or soap and water. The front and the back of the seat in front of where (student's name) is sitting will also be wiped down.

c. The bus driver for (student's name)'s bus will be trained in the correct administration of an epinephrine auto injector (Epi Pen) and in the specific procedures for recognizing and responding to an allergic reaction.

d. Only peanut and tree nut and related products free snacks or lunches will be allowed on the school bus for field trips attended by (student's name).

#### 6. Before and After School Activities

If food is to be provided at these activities:

a. Notice will be provided prior to the activity informing parents that there are students who may attend the event that have food allergies to peanut and tree nut and related products.

b. Peanut and tree nut and related products free items will be offered, clearly labeled, and will be kept on a table separate from any peanut and tree nut products.

c. Any before and after school activity that (student's name) chooses to participate in which involves the use and/or preparation of food must comply with the conditions set forth in this document.

#### 7. Keyboard

a. Each time that (student's name) uses a computer in the computer lab, library and/or classroom, he will use a plastic cover designed to cover the keyboard. The plastic cover will only be used by (student's name) and will be cleaned periodically.

#### 8. Nurse Visits

a. (student's name) will be allowed to go to the nurse's office for evaluation or treatment of possible allergic reactions at his request, as well as by referral from the school staff.

Date Services Begin: 05/26/2011

Date Services End: 05/25/2012

Student's Name: (student's name) F

Service Agreement, Section 2

Comments:

The following procedures need to be followed in the event of a medical emergency:

\*\*\*See document two of the attachment from The Children's Hospital of Philadelphia titled,

"TREATMENT OF SEVERE ALLERGIC REACTIONS?ANAPHYLAXIS."

In case of an emergency and included with the attachment are the following directions below:

2C. Contact 911 to arrange transport to Emergency Room

i. Nurse will contact parents.

ii. Nurse will provide EMS responders with a packet including (student's name)'s medical history related to his peanut and tree nut allergy.

\*\*\*\*\*CONTACT NURSE AND CALL 911 ANYTIME THAT THE EPI-PEN MUST BE ADMINSTERED\*\*\*

MEDICATION:

Name of Physician:

Phone:

Medication(s):

PARTICIPANTS:

NAME POSITION

The attached letter outlines your rights to resolve any disputes that you may have concerning the recommended aids, services or accommodations. If you have any questions concerning your rights or the aids, services, or accommodations recommended, please feel free to contact:

School District Administrator Phone Number

xxxx, Director of Student Services

Student's Name: (student's name)

Service Agreement, Section 3

CC: Student's Confidential File

Building Principal's Signature:

Section 504 Compliance Coordinator's

Signature:

Parent(s) Signature:

My reason for disapproval is:

I would like to schedule an informal conference to discuss my concerns.

I do not agree and do not give permission to proceed as recommended.

I agree and give permission to proceed as recommended.

DIRECTIONS: Please check one of the options and sign this form.